2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P92000008847 May 10, 2004 08:00 AM Secretary of State 1. Entity Name MACHTEC INJUSTRIAL CORP. Principal Place of Business Mailing Address 15655 80TH ST 15655 80TH ST PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 05052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0374357 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BOURG, DAVID E** DO NOT WRITE 15655 80TH DRIVE NORTH PALM BEACH GARDENS, FL 33418 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstaling) 5000 U000000158733 FILE NOW!!! FEE 15 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, 05/10/04-80001-009 158.75 Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS PD TITLE BOURG, DAVID E NAME STREET ADDRESS 15655 80TH DR.NORTH -CITY-ST-ZIP PALM BEACH, FL 33418 TITLE MALE STREET ADDRESS CITY-ST-ZIP TITLE MANUE STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE) OR DIRECTOR

5-3-04

772-201-9519

Doytime Phone #