2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address

Apr 28, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P93000023665 1. Entity Name AFFÓRDABLE GRADALL, INC. Principal Place of Business Mailing Address 4450 S. SANFORD AVE. 4450 S. SANFORD AVE. SANFORD, FL 32773 SANFORD, FL 32773 04192005 No Cha-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3178687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRIEST, DANIEL P DO NOT WRITE 4450 S. SANFORD AVE. SANFORD, FL 32773 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME PRIEST, DANIEL P 4450 S. SANFORD AVE. STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 U00000339095 TITLE D 04/28/05-80063-009 150.00 NAME PRIEST, RENEE M STREET ADDRESS 4450 S. SANFORD AVE. CITY-ST-ZIP SANFORD, FL 32773 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; 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

other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED