

2007 FOR PROFIT CORPORATION ANNUAL REPORT

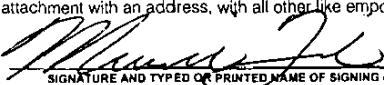
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Jul 17, 2007 8:00 am
Secretary of State

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07032007 Chg-P CR2E034 (12/06)

DOCUMENT # P93000056617			
1. Entity Name CORESLAB STRUCTURES (TAMPA) INC.			
Principal Place of Business 6301 N. 56TH ST. TAMPA, FL 33610 US		Mailing Address 6301 N. 56TH ST. TAMPA, FL 33610 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3199150		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<p>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIOSA, LUIGI	NAME	Franciosa, Frank
STREET ADDRESS	332 JONES RD UNIT 1	STREET ADDRESS	332 Jones Road Unit 1
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2	CITY-ST-ZIP	Stoney Creek, Ontario Canada 18E5N2
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, MARIO	NAME	
STREET ADDRESS	332 JONES RD UNIT 1	STREET ADDRESS	
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, DOMINIC	NAME	
STREET ADDRESS	332 JONES RD UNIT 1	STREET ADDRESS	
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, SIDNEY	NAME	
STREET ADDRESS	332 JONES RD UNIT 1	STREET ADDRESS	
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, ROBERT	NAME	
STREET ADDRESS	332 JONES RD UNIT 1	STREET ADDRESS	
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLAN, MICHAEL	NAME	
STREET ADDRESS	6301 N. 56TH ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Michael Quinlan, VP/Gen Mgr July 5, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date (813) 626-1141 (Home Phone #)	