2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Mar 17, 2008 8:00 am Secretary of State DOCUMENT # P94000043503 03-17-2008 90023 005 ***158.75 C.T.S. CUTTING TOOL SYSTEMS, INC. Principal Place of Business Mailing Address 40047222 481 WORTHINGTON ST. 481 WORTHINGTON ST. MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Cha-P CR2E034 (12/06) City & State City & State 4 FEI Number / Applied For 65-0492140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENAROYO ISACCO BERNAROYO, JSACCO & S (P.O. Box Number is Not Acceptable) WORTHINGTON STREET 2544 SW 371H TERRACE CAPE CORAL FL 33914 Zip Code 34145 MARCO ISLAND 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 register 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 NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TIT) F ☐ Change Addition BERNAROYO, ISACCO C NAME NAME STREET ADDRESS 481 WORTHINGTON ST. STREET ADDRESS MARCO ISLAND, FL. 34145 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NEMAROYO, ERIKA A NAME NAME ENAROYO ERIKA A 481 WORHTINGTON STREET STREET ADDRESS STREET ADDRESS WORTHINGBUSTreet CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-7IP Change ☐ Addition □ Delete TITLE TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CtTY-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

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