2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2007 8:00 am Secretary of State DOCUMENT # P94000072151 1. Entity Name 02-05-2007 90089 015 ***150.00 PERFORMANCE ENGINEERING, U.S.A., INC. Principal Place of Business Mailing Address 2600 S. HOPKINS AVENUE 16123 W. COLONIAL DR. TITUSVILLE FL 32796 WINTER GARDEN FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3272206 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERN, WYNDELL 17501 DEER ISLE CIRCLE Street A WINTER GARDEN FL 34787 Gorden 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 or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIME ☐ Change ☐ Addition KERN, RALPH NAME NAME 16123 W COLONIAL DR STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-7IP CITY ST-7IP TITLE ☐ Delete ш President Change Addition KERN, WYNDELL Wyndell Kern NAME NAME 17501 DEER ISLE CIRCLE STREET ADDRESS STREET ADDRESS 16423 W. Colonial Dr. WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-S1-7IP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIE Defete TITLE TIFLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY+SI-ZIE ☐ Delete TITLE THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recover 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED