2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2006 8:00 am Secretary of State **DOCUMENT # P94000072897** SPECTRUM CUSTOM MOLDS, INC. THUSS -Principal Place of Business Mailing Address 5823 21ST STREET EAST 5823 21ST STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34203 3. Mailing Address 2. Principal Place of Business 2308 5844 / Ave. E. 03122006 Chg-P CR2E034 (11/05) Bradenton City & State Bradenton 4. FEI Number Applied For 65-0528043 Not Applicable Manatee \$8,75 Additional 5. Certificate of Status Desired Manatec Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEPECZ, STEVEN Street Address (P.O. Box Number is Not Acceptable) **5823 21ST STREET EAST** BRADENTON, FL 34203 Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TITLE TITLE KEPECZ, STEVEN NAME NAME 2308 584 AJC. E. 5423 21ST STREET EAST STREET ADDRESS STREET ADDRESS 6, FL. 34203 BRADENTON, FL 34203 CITY-ST-7IP CITY-ST-ZIP Delete TITLE T4 Change Addition TITLE NAME KEPECZ, MARY 2208 SB1 AVE. E. 5823 21ST STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP Change TITLE ☐ Delete Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 tree and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect 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 all other like empowered. changed, or on an attachment with an

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #