2007 FOR PROFIT CORPORATION

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P94000086735 04-27-2007 90198 004 ***150.00 MCCONNELL FIBERGLASS, INC. 400000--Principal Place of Business Mailing Address 10 NW 3RD STREET P.O. BOX 2805 HIGH SPRINGS, FL 32643 HIGH SPRINGS, Ft. 32643 No Chg-P 04042007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0545922 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCONNELL, WILLIAM P DO NOT WRITE 10 NW 3RD STREET HIGH SPRINGS, FL 32643 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 (NOTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TATLE MCCONNELL, WILLIAM P NAME STREET ADDRESS 18818 US HIGHWAY 441 HIGH SPRINGS, FL 32643 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

Dayling Phone #

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