
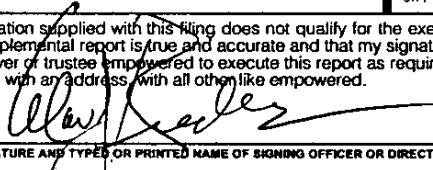


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90256 005 ***150.00

DOCUMENT # P95000041498					
1. Entity Name ACCURATE FASTENERS, INC.					
Principal Place of Business 8135 SR 33 N LAKELAND, FL 33809			Mailing Address 10325 SHERROUSE RD. LAKELAND, FL 33810		
2. Principal Place of Business		3. Mailing Address 8135 STATE ROAD 33 N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAKELAND, FL		4. FEI Number 59-3319842	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33809		33809		CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIEDER, ALAN J 10325 SHERROUSE RD. LAKELAND, FL 33810			Name <u>ALAN J. RIEDER</u> Street Address (P.O. Box Number is Not Acceptable) 8135 STATE ROAD 33 N City <u>LAKELAND</u> <u>FL</u> Zip Code <u>33809</u>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME RIEDER, ALAN		TITLE PRESIDENT	NAME ALAN J. RIEDER	
STREET ADDRESS 10325 SHERROUSE RD.	CITY - ST - ZIP LAKELAND, FL 33810		STREET ADDRESS 8135 STATE ROAD 33 N	CITY - ST - ZIP LAKELAND, FL 33809	
TITLE O	NAME RIEDER, CYNTHIA		TITLE 	NAME 	
STREET ADDRESS 10325 SHERROUSE ROAD	CITY - ST - ZIP LAKELAND, FL 33810		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	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: 			1/5/06 863-984-8760		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		