2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 20, 2006 8:00 am Secretary of State **DOCUMENT # P95000068758** 1. Entity Name 02-20-2006 90050 008 ***150.00 G B PORTABLE WELDING, INC. Principal Place of Business Mailing Address **4611 S UNIVERSITY DR 4611 S UNIVERSITY DR** #430 #430 DAVIE, FL 33328 **DAVIE, FL 33328** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0603171 Not Applicable Zip 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 Name **BISOGNO, GARRETT** Street Address (P.O. Box Number is Not Acceptable) 18299 SW 68 CT SOUTHWEST RANCHES, FL 33331 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. 130ano SIGNATURE (NOTE: Registered Agent signature required when ref 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition BISOGNO, GARRETT NAME NAME 18181 SW 52 Lan STREET ADDRESS STREET ADDRESS 18299 SW 68 CT CITY-ST-ZIP CITY-ST-ZIP SOUTHWEST RANCHES, FL 33331 ☐ Delete TITLE TITLE BISOGNO, KIMBERLY NAME STREET ADDRESS STREET ADDRESS 18299 S.W. 68 CT. CITY-ST-ZIP CITY-ST-ZIP SOUTHWEST RANCHES, FL 33331 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 eath; 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.