2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 08:00 AM Secretary of State DOCUMENT # P95000069826 COMPOSITES CORPORATION Principal Place of Business Mailing Address 501 E. INDUSTRIAL AVE. 425 NE 32ND STREET **BOYNTON BEACH FL 33426 BOCA RATON FL 33431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0609505 Not Applicable Zin 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 SPARLING, DONALD F Street Address (P.O. Box Number is Not Acceptable) 501 E. INDUSTRIAL AVE. **BOYNTON BEACH FL 33426** City Zip Code 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 the Tappicasie. (NOTE: Registered Agent expedient required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition SPARLING, DONALD NAME NAME STREET ADDRESS 425 NE 32ND ST STREET ADDRESS BOCA RATON FL 33431-6737 CITY-ST-ZIP CITY - ST-ZIP 100000329161 02/26/08-80031-009 \$1998 00 Addition TITLE Delete TITLE SPARLING, CAROLYN NAME NAME STREET ADDRESS 425 NE 32ND ST STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431-6737 CITY-ST-ZIP THLE ☐ Delete Addition Change MAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS GITY-S1-ZIP City-St-7IP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS SITY-ST-ZIP CITY-ST-ZIP

FILED

(561) 369-3991

CAROLYN J. SPARLING, V.P. 2/12/08

SIGNATURE AND TYPED OF PRINTED TABLE OF SIGNING OFFICER OR DIRECTOR

CAROLYN J. SPARLING, V.P. 2/12/08

CAROLYN J. SPARLING, V.P. 2/12/08

12. I hereby certify that the information supplied with this filling 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 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.