## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 08:00 AM Secretary of State

ANNUAL REPURI	Secretary of State
DOCUMENT # P95000069951  t. Entity Name HADERLE'S INDUSTRIAL REPAIR INC	
Principal Place of Business  4505 ELDORADO WAY  MELBOURNE, FL 32934 US  MELBOURNE, FL 32934 US  MELBOURNE, FL 32934 US	E STEMINENEN FOR SESTIM BESSI MANSS MANSS BRIDE BESSIM BESSIM HERBEI DER BEI DER BEI DER BEI DER BEI DER BEI DE
DO NOT WRITE IN THIS SPAC	02132008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S9-3335 170 Not Applied For Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  HADERLE, MACLIN K 4505 ELDORADO WAY MELBOURNE, FL 32934	DO NOT WRITE 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 this if applicable (NOTE Registered A  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.	### \$5.00 May Be Added to Fees 0.5/18/06-80019-012 150.00
16. OFFICERS AND DIRECTORS  INLE NAME HADERLE, MACLIN K STREET ADDRESS CITY-ST ZP MELBOURNE, FL 32934  SIREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	
TITLE NAME SIREEI ADDRESS CHY-ST-ZIP TITLE NAME SIRELI ADDRESS CHY-ST-ZIP	DO NOT WRITE IN THIS SPACE
ITILE NAME STREET ADDRESS CCTY-ST-ZIP	

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 eppears in Block 10 or Block 11 to changed, or on an attachoppy with an address, with all other risk empowered.

SIGNATURE.

TITLE
NAME
SIRELI ADDRESS
CHY-SI-ZIP

SIGNATURE AND TYPER OF POINTED RAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone 4