2006 FOR PROFIT CORPORATION

changed, or on an attachment y

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P96000050482 04-26-2006 90198 026 ***150.00 1. Entity Name DAVID'S WELDING SERVICE, INC. Principal Place of Business Mailing Address 1251 S.W. 86TH AVE 1251 S.W. 86TH AVE. OKEECHOBEE, FL 34974 HS OKEECHOBEE, FL 34974 IIS 03312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0713452 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BALADEZ, DAVID G JR DO NOT WRITE 1251 SW 86 AVE OKEECHOBEE, FL 34974 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 polistered 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BALADEZ, DAVID G JR NAME STREET ADDRESS 1251 S.W. 86TH AVE. OKEECHOBEE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-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 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

David Baladez, Ir.

Daytime Phone I

OF SIGNING OF PICER OR DIRECTOR

FILED