2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 12, 2007 08:00 AM DOCUMENT # P96000072173 **Secretary of State** FILTERS GALORE, INC. Principal Place of Business Mailing Address 2399 S.E. DIXIE HWY. 2399 S.E. DIXIE HWY. STUART FL 34669 STUART FL 34669 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FÉI Number 65-0700078 Not Applicable Zip Country Ζıp Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WERLE, GRANT D Street Address (P.O. Box Number is Not Acceptable) 3 KNOWLES ROAD STUART FL 34996 City Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office of 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. III ☐ Delete TITLE ☐ Change Addition WERLE, ANGELINA B NAME NAME U000000662822 3 KNOWLES RD. STREET ADDRESS STREET ADDRESS 03/21/07-80029-010 150.00 STUART FL 34996 CITY-ST-ZIP CITY-ST-7IP HILE ☐ Delete Change Addition THE WERLE, GRANT D NAMI 3 KNOWLES ROAD STREET ADDRESS STREET ADDRESS STUART FL 34996 CHY-S1-7IB CHIY+SI-7IP HILE ☐ Delete IIIŒ ☐ Change Addition NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP шг Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE HILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I horeby certify that the information supplied with this filing 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 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

772-781-6976