2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P97000031401

Entity Name: ARC ON WELDING, INC.

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5319 SUNWOOD RD PANAMA CITY, FL 32404 **Current Mailing Address: New Mailing Address:** 5319 SUNWOOD RD PANAMA CITY, FL 32404 FEI Number: 59-3441890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUGGS, LARRY 5319 SÚNWOOD RD PANAMA CITY, FL 32404 US 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.

OFFICERS AND DIRECTORS:

5402 SUNWOOD RD.

PANAMA CITY, FL 32409

SIGNATURE:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

2407 PINEWOOD DRIVE

CHIPLEY, FL 32428

Date

Title: () Delete Title: (X) Change () Addition SUGGS, JASON SUGGS, VLASTINA Name: Name: 20809 HURST RD 7302 RESOTA LN. Address: Address: City-St-Zip: FOUNTAIN, FL 32438 City-St-Zip: SOUTHPORT, FL 32409 Title: Title: () Delete () Change () Addition SUGGS, LARRY Name: Name: 7302 RESOTA LN. Address: Address: SOUTH PORT, FL 32409 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete CATER, CHRISTOPHER CATER, CHRISTOPHER M Name: Name: 2713 EAST 6TH PLACE 2713 EAST 6TH PLACE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401 Title: () Delete Title: (X) Change () Addition STEWART, TAHNEE M BRUCE, CINDY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TAHNEE M. STEWART S 07/09/2008