FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P97000089244 CONCEPT ADVANCED MANUFACTURING, INC. 04-23-2001 90226 038 ***150.00 Principal Place of Business Mailing Address 1431 CHAFFEE DRIVE 1431 CHAFFEE DRIVE SUITE 1 SUITE 1 TITUSVILLE FL 32780 STITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address 1690 Ashwood AVE, 1640 Ashwood Are Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE v & State City & State 4. FEI Number Applied For 59-3473934 Titusville Titusville Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thompson, James E THOMPSON, JAMES E Address (P.O. Box Number is Not Acceptable) 1431 CHAFFEE DRIVE SUITE 1 TITUSVILLE FL 32780 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete Thompson, James E 1690 Ashwood Ave NAME THOMPSON, JAMES E NAME STREET ADDRESS STREET ADDRESS 1431 CHAFFEE DRIVE STE 1 THUSUIL , FL 30796 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE Delete TITLE Change Change Thompson, Cynthia A. 1690 Ashwood Are NAME NAME THOMPSON, CYNTHIA A STREET ADDRES STREET ADDRESS 1431 CHAFFEE DRIVE STE 1 Titusuille, PL 32796 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SESICED OR DIRECTOR

4/17/01

321-268-8835

Daytime Phone #