## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000098938

Entity Name: CORROSION CONTROL, INC.

FILED Apr 26, 2006 Secretary of State

| •   |   | · - · · · · · · · · · · · · · · · · · · |   |  |  |
|---|---|---|---|--|--|
| Current Principal Place of Business:  |   |   | New Principal Place                         | New Principal Place of Business:             |  |
| 4480 HWY<br>MULBERR   | 60 EAST<br>RY, FL 33860                                   | US                                      |   |  |  |
| Current Mailing Address:  |   |   | New Mailing Address                         | New Mailing Address:                         |  |
| P O BOX 1<br>MULBERR  | 69<br>RY, FL 33860  | US                                      |   |  |  |
| FEI Number: 59-3486731  |   | 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: |   |   |   |  |  |
| COLLINS, ROBERT A<br>3795 WILLIS ROAD<br>MULBERRY, FL 33860 US                          |   |   |   |  |  |
|   | named entity s<br>e of Florida.                           | submits this statement for the p        | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUR  | RE:   |   |   |  |  |
| Electronic Signature of Registered Agent  |   |   | ent   | Date   |  |
| Election Car  | npaign Financing  | Trust Fund Contribution ( ).            |   |  |  |
| OFFICERS AND DIRECTORS:   |   |   | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DPC ()<br>COLLINS, ROBI<br>3795 WILLIS RO<br>MULBERRY, FL | DAD                                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VTS ()<br>COLLINS, STAC<br>3795 WILLIS RI<br>MULBERRY, FL | ס                                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: STACY M. COLLINS VTS 04/26/2006