2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # P98000012871** 03-29-2006 90117 039 ***158.75 1. Entity Name CORROSION SOLUTIONS, INC. Principal Place of Business Mailing Address donair. 23715 73RD AVE E PO BOX 20956 BRADENTON, FL 34202 BRADENTON, FL 34204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0834985 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lorvan K. Westrick WESTRICK, PATRICIA J Street Address (P.O. Box Number is Not Acceptable) 23715 73RD AVE E. MYAKKA CITY, FL 34251 23715 73rd Aue. E. City MUAKKA 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 registered agent. SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Addition ☐ Delete Patricia J. Westnick WESTRICK, PATRICIA J NAME NAME 7901 2094 St. E STREET ADDRESS 23715 73RD AVE E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME WESTRICK, BRYAN K NAME 23715 73RD AVE E STREET ADDRESS STREET ADORESS CITY-ST-ZIP MYAKKA CITY, FL 34251 CITY-ST-ZIP John A. Westrick, Je. Change TITLE Delete TILE Addition NAME WESTRICK, JOHN A JR. NAME 7901 2094 St. E. STREET ADDRESS 23715 73RD AVE E STREET ADDRESS Bradenton, FL. 34202 BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TILE ☐ Addition ☐ Change WESTRICK, KELLI D NAME NAME STREET ADDRESS 23715 73RD AVE E STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with an other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED