2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# P98000073319

Entity Name: ADLER MECHANICAL, INC.

Current Principal Place of Business:

2700 BONNET CREEK RD
LOT 24X
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 22329
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 59-3528336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTLETT, JOSEPH C
2547 GRESHAM DR
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BARTLETT, JOSEPH C
Address: 2547 GRESHAM DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: SCTY ( ) Delete
Name: SHARPLESS, SAMUEL L
Address: PO BOX 22329
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES ( ) Change (X) Addition
Name: SHARPLESS, SAMUEL L
Address: PO BOX 22329
City-St-Zip: LAKE BUENA VISTA, FL 32830

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.

SIGNATURE: SAMUEL L SHARPLESS SCTY 01/18/2008

Electronic Signature of Signing Officer or Director — Date