2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED May 02, 2006 08:00 AN Secretary of State DOCUMENT # P98000100303 FLORIDA STEEL DETAILING, INC. Principal Place of Business Mailing Address 5470-C LAKEWOOD CIRCLE 5470-C LAKEWOOD CIRCLE MARGATE FL 33063 MARGATE FL 33063 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0946268 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCRORY, KIM A Street Address (P.O. Box Number is Not Acceptable) 5470 LAKEWOOD CIRCLE MARGATE FL 33063 Zip Code City 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 DATE Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 80 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change 🔲 Addiii.s TITLE D MCCRORY, KIM A MARKE STREET ADDRESS 5470-C LAKEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 T Additi Change ☐ Delete TITLE TITLE MCCRORY, GUINEVERE NAME NAME U00000558437 05/17/06-80094-011 150.00 STREET ADDRESS STREET ADDRESS 2845 VOLQUARDSEN AVE CITY-ST-ZIP CITY-ST-ZIP DAVENPORT IA 52804 ☐ Change Addition ☐ Detete TITLE MAAAF NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Change Addition Delete ITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP Adia. Change Change Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP ☐ Adding Defete HitE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 truetee 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 unit an address, with all origing the empowered.

MING OFFICER OR DIRECTOR

Date

Daytme Phone #