2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 08, 2008 8:00 am Secretary of State DOCUMENT # P98000100724 08-08-2008 90016 012 ***150.00 1. Entity Name BRAVEHEART METALS & INSTALLATION, INC. Principal Place of Business Mailing Address 380 N.W. 36TH CT BOCA RATON FL 33431 27503 NW 193RD AVE HIGH SPRINGS FL 32643 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State 4. FEI Number Applied For 65-0881764 Not Applicable Country 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 FAIRCLOUGH, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 2845 N MILLITARY TRAIL, SUITE 8 WEST PALM BEACH FL 33409 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition NAME TUCKER, TERRY L NAME STREET ADDRESS 380 N.W. 36TH CT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-7IP Delete TITLE TITLE ☐ Change ■ Addition TUCKER, DONNA M NAME NAME STREET ADDRESS 380 N.W. 36TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 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. h all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

FILED