2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21045

Entity Name: D.E.C. SHEET METAL INC.

FILED Mar 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3015 WATERFIELD CIR LAKELAND, FL 33803

Current Mailing Address: New Mailing Address:

P.O. BOX 580 HIGHLAND CITY, FL 33846

FEI Number: 59-3112334 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:

MAXWELL, DAVID G.
3015 WATERFIELD CIR
LAKELAND, FL 33803 US

MAXWELL, DAVID G
6209 LYNMAR DRIVE
LAKELAND, FL 33813 US

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: DAVID G. MAXWELL 03/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MAXWELL, DAVID G.,
 Name:
 MAXWELL, DAVID G

 Address:
 6209 LYN MAR DR
 Address:
 6209 LYN MAR DR

 City-St-Zip:
 LAKELAND, FL
 City-St-Zip:
 LAKELAND, FL
 33813

Title: VP () Delete Title: VP (X) Change () Addition Name: MAXWELL, KAREN S. Name: MAXWELL, KAREN S

Name:MAXWELL, KAREN S.,Name:MAXWELL, KARENAddress:6209 LYN MAR DRAddress:6209 LYN MAR DRCity-St-Zip:LAKELAND, FLCity-St-Zip:LAKELAND, FL

Title: S () Delete Title: () Change () Addition

 Name:
 MAXWELL, ERIC
 Name:

 Address:
 403 HAWICK LANE
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 MAXWELL, CORY
 Name:
 MAXWELL, CORY

 Address:
 51044 DISMUKE DR.
 Address:
 51044 DISMUKE DR.

 City-St-Zip:
 LAKELAND, FL
 City-St-Zip:
 LAKELAND, FL
 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN MAXWELL VP 03/26/2005