2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

S GNUTURE AND TYPED OR PRINTED NAME

May 01, 2007 8:00 am Secretary of State **DOCUMENT # V34787** 1. Entity Name 05-01-2007 90005 037 ***150.00 GRAFTEC ELECTRONIC SALES, INC. Principal Place of Business Mailing Address 1200 S. ROGERS CIRCLE 1200 S. ROGERS CIRCLE BAY #10 BAY #10 BOCA RATON, FL 33487 BOCA RATON, FL 33487 incipal Place of Business - No P.O. Box# 499 GIADES Rd 3. Mailing Address Address Rd 04302007 Cha-P CR2E034 (12/06) 4. FEI Number Applied For 11-2518042 Not Applicable \$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 GRAFFEO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1200 S. ROGERS CIRCLE #10 BOCA RATON, FL 33487 2499 GlAdes Rd, Suite 205 city Boca Raton 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. Toseph Gkafteo. SIGNATURE. Signature (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Graffee, Joseph 1499 GlAdes Road, Suite 205 Boca Raton. FL 33431 OFFICERS AND DIRECTORS 10. DILE ☐ Delete NAME GRAFFEO, JOSEPH 1200 S, ROGERS CIRCLE #10 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33487 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITL F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

Joseph GRaffer President 4/30/07

Daytime Phone #

FILED