


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90010 032 ***150.00

DOCUMENT # M79854 1. Entity Name FABRI-TECH, INC.	
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Principal Place of Business % WILLIAM D. BROWN PO BOX 299 MULBERRY, FL 33860	Mailing Address % WILLIAM D. BROWN 5556 HIGHLAND VISTA CIRCLE LAKELAND, FL 33813
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2888195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM D.
5556 HIGHLAND VISTA CR
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, WILLIAM D 5556 HIGHLANDS VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, STEVEN D 4611 CALHOUN RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, WILMA J 5556 HIGHLAND VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROWN, LAMAR A 158 OAK SQUARE SOUTH 5548 Woodwind Hills Dr. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOWLER, JOY B 5523 HIGHLANDS VISTA CIR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: William D. Brown 1-5-05 863-425 3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #