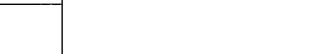
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # M79854 1. Entity Name FABRI-TECH, INC. Principal Place of Business Mailing Address % WILLIAM D. BROWN % WILLIAM D. BROWN

FILED Jan 18, 2007 08:00 AM **Secretary of State**



PO BOX 299 5556 HIGHLAND VISTA CIRCLE MULBERRY, FL 33860 LAKELAND, FL 33813 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2888195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, WILLIAM D. DO NOT WRITE 5556 HIGHLAND VISTA CR LAKELAND, FL 33813 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. (NOTE: Registered Agent signature required when reinstating) 000000590118 01718707-80043-010 150.00 9. Election Campaign Financing \$5.00 Mäy Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME BROWN, WILLIAM D STREET ADDRESS 5556 HIGHLANDS VISTA CIRCLE CITY-ST-7IP LAKELAND, FL 33813 NAME BROWN, STEVEN D STREET ADDRESS 4611 CALHOUN RD CITY-ST-ZIP PLANT CITY, FL 33567 STD TITLE BROWN, WILMA J 5556 HIGHLAND VISTA CIRCLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP LAKELAND, FL 33813 IN THIS SPACE DVP MALE BROWN, LAMAR A STREET ADDRESS 5548 WOODWIND HILLS DR CITY-ST-ZIP LAKELAND, FL 33813 TITLE STD NAME. FOWLER, JOY B STREET ADDRESS 5523 HIGHLANDS VISTA CIR-CITY-ST-7/P LAKELAND, FL 33813 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 807, 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.

W D Receive W. D. Brown,

SIGNATURE: _

President

01/15/07

(863)425-3533