2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000456

Entity Name: CONSTRUCTION FORMS, INC

FILED Apr 25, 2007 Secretary of State

| Littly Nai | ille. CONSTI | ROCTION FORIVIO, INC. | | | | |
|---|--|----------------------------------|---|---|------------------------|--|
| Current P | rincipal Plac | e of Business: | New Principal Place of Business: | | | |
| | TIME DRIVE SHINGTON, ' | WI 530740308 | | | | |
| Current M | lailing Addre | ss: | New Mailing Address: | | | |
| PO BOX 3 PORT WA | | WI 530740308 | | | | |
| FEI Number: | : 39-1104344 | FEI Number Applied For () | FEI Number Not App | icable () Certificate o | f Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and | Address of New Registe | ered Agent: | |
| | EAN DING WATER BPRINGS, FL | | ADLER, DEAN 1060 WINDING WATER CIRCLE WINTER SPRINGS, FL 32708 US | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing i | ts registered office or regis | stered agent, or both, | |
| SIGNATUR | RE: | | | 04/25/2007 | | |
| | Electro | nic Signature of Registered Age | ent | Dat | e | |
| Election Car | mpaign Financir | ng Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P (KASTELIC, AL 777 MARITIME PORT WASHII | DRIVE | Title: Name: Address: City-St-Zip: | ()Change ()A | ddition | |
| Title: Name: Address: City-St-Zip: | FINNERAN, W | IUE, 40TH FLOOR | Title: Name: Address: City-St-Zip: | CAT (X) Change () A FINNERAN, WILLIAM B 888 SEVENTH AVENUE, 40TH NEW YORK, NY 10019 | | |
| Title: Name: Address: City-St-Zip: | SCOTT, WILL | ENUE SUITE 1905 | Title: Name: Address: City-St-Zip: | () Change () A | ddition | |
| Title: Name: Address: | CFO (SKAAR, GREC 777 MARITIME | | Title: Name: Address: | ()Change()A | ddition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: GREGORY L SKAAR CFO 04/25/2007

PORT WASHINGTON, WI 53074

City-St-Zip: