FILED 2006 FOR PROFIT CORPORATION Mar 20, 2006 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # F04000005639** 1. Entity Name GRAZIER CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 801 SHALLOWFORD ROAD PO BOX 671003 KENNESAW, GA 30144 MARIETTA, GA 30066-0134 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 58-1970232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title it epolicable (NOTE: Registered Agent signature required when reinstating) DATE 3. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GRAZIER, JOHN L' NAME PO BOX 671003 STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 30066 TITLE U00000474616 04/04/06-60031-020 150.00 GRAZIER, RITA A NAME PO BOX 671003 STREET ADDRESS CITY-ST-ZIP MARIETTA, GA 30066 **3177** F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of frustee 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 withing address, with all other like empowered.

Davima Phone #

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: