
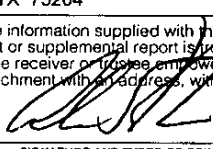


**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 049 ***150.00

| | | | |
|--|---|--|--|
| DOCUMENT # F05000007585 | |  | |
| 1. Entity Name AUSTIN BRIDGE & ROAD, INC. | | | |
| Principal Place of Business 3535 TRAVIS STREET, SUITE 300 DALLAS, TX 75204 | | Mailing Address 3535 TRAVIS STREET, SUITE 300 DALLAS, TX 75204 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 03282007 | Chg-P CR2E034 (12/06) |
| | | 4. FEI Number 75-2499469 | 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 | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GAFFORD, RONALD J 3535 TRAVIS STREET, SUITE 300 DALLAS, TX 75204 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC SOLOMON, WILLIAM T 3535 TRAVIS STREET, SUITE 300 DALLAS, TX 75204 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARNES, JERRY W 3535 TRAVIS STREET, SUITE 300 DALLAS, TX 75204 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRSON, TIMOTHY C 3535 TRAVIS STREET, SUITE 300 DALLAS, TX 75204 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ANDOGA, JAMES R 3535 TRAVIS STREET, SUITE 300 DALLAS, TX 75204 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VINCENT, STEVEN D <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALAN STAREM 3535 TRAVIS ST STE 300 DALLAS TX 75204 |
| 12. 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 my address, with all other like empowered. | | | |
| SIGNATURE:  | | ALAN STAREM <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 4/26/07 Daytime Phone #: 214 443-5300 | |