2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # J07513 1. Entity Name SITA CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 2226 KENNILWORTH AVE. 2226 KENNILWORTH AVE. SOUTH DAYTONA FL 32119-2710 SOUTH DAYTONA FL 32119-2710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 59-2667380 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SITA, RICK Street Address (P.O. Box Number is Not Acceptable) 2226 KENNILWORTH AVE. SOUTH DAYTONA FL 32019 Zip Code City 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 if applicable (NOTE: Registered Agent signature required when (cinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Addit: SITA, RICK NAME NAME 2226 KENNILWORTH AVE STREET AODRESS STREET ADDRESS 100000539987 City-ST-7IP S DAYTONA FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Assisin BTLE TITLE MARK NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP Change | TITLE □ Addita TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

NATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/24/06 346 788-035

Date

Daytimo Phone #