2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Apr 20, 2007 08:00 All Secretary of State DOCUMENT # J07513 1. Entity Namo SITA CONSTRUCTION CORPORATION Principal Place of Business Mailing Addross 2226 KENNILWORTH AVE. 2226 KENNILWORTH AVE. SOUTH DAYTONA FL 32119-2710 SOUTH DAYTONA FL 32119-2710 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2667380 Not Applicable Ζıσ Zıp 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 Namo SITA, RICK Street Address (P.O. Box Number is Not Acceptable) 2226 KENNILWORTH AVE. SOUTH DAYTONA FL 32019 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, 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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. U00000720425 🗆 Change Addition THILE Delete TITLE SITA, RICK 05/01/07-80103-006 150.00 NAME NAME 2226 KENNILWORTH AVE STREET ADDRESS STREET ADDRESS S DAYTONA FL CITY-ST-ZIP City-St-ZIP ☐ Addition ШЩ ☐ Delete IIILE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition | STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP HILE Delete THELE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIIE ☐ Change ☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

CICIC SITA 4/13/07 (386) 788-0354
DEFOR DIRECTOR DAY TO PROPER *