2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # M65766 1. Entity Name D.A.B. CONSTRUCTORS, INC. Principal Place of Business Mailing Address **62 HIGHWAY 40 WEST** POST OFFICE BOX 1589 INGLES, FL 34449 US INGLES, FL 34449 US Transfer of the state of the st 04262006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 65-0026542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired The state of the s Fee Required 6. Name and Address of Current Registered Agent Satisfied the stelling and a single CUMMINGS, F. ALAN DO NOT WRITE 1004 DESOTO PARK DRIVE TALLAHASSEE, FL 32301 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 if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS THILE BACHSCHMIDT, DEBORA A. NAME STREET ADDRESS 62 W HWY 40 CITY-ST-ZIP INGLIS, FL TIME NAME BACHSCHMIDT, WILLIAM J STREET ADDRESS 62 W. HWY 40 and the constraint of the angles. CITY-ST-ZIP INGLIS, FL 34449 TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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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 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.

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NAME STREET ADDRESS CITY-ST-ZIP