* 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # P00914 1. Entity Name TEITELBAUM CONCRETE CO. Principal Place of Business Mailing Address 5526 NORTH KEDZIE AVENUE 5526 NORTH KEDZIE AVENUE CHICAGO, IL 60625 CHICAGO, IL 60625 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3274713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees U00000532261 05/06/08-86078-004-150.00 OFFICERS AND DIRECTORS 10. SVD TITLE COWIN, MERLE NAME 5526 N. KEDZIE STREET ADDRESS CHICAGO, IL CITY-ST-ZIP THE TEITELBAUM, HARVEY MAME 5526 N KEDZIE AVE STREET ADDRESS CHICAGO, IL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

TITLE SMAKE STREET ADDRESS COY-ST-ZIP

> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #