2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Feb 16, 2007 8:00 am Secretary of State DOCUMENT # P01000007613 02-16-2007 90034 043 ***150.00 NURENBERG CONSTRUCTION, INC. Principal Place of Business Mailing Address **721 U.S. HWY ONE** 721 U.S. HWY ONE **SUITE 122** SUITE 122 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 122 DATE PALM DR PO BOX 7419 Suite, Apt. #, etc. Suite, Apt. #, etc. 01292007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For FL FL JUPITER JUPITER 65-1083979 Not Applicable Country Country \$8.75 Additional 33468-7419 73458 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUTERBORN, ABIGAIL M Street Address (P.O. Box Number is Not Acceptable) 122 DATE PACM DR **721 U.S. HWY ONE SUITE 122** NORTH PALM BEACH, FL 33408 Zip Code ZZ 458 JUPITER 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NURENBERG, DANIEL J NAME NAME 11095 159TH CT, N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Daytime Phone #