2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084232

Entity Name: SUNBELT CONSTRUCTION SERVICES, INC.

FILED Jan 23, 2008 Secretary of State

| Littly Name. SUNDEET CONSTRUCTION SERVICES, INC | | | | | | | |
|--|---|------------------------------|---|---|-----------------------------------|--|--|
| Current Pr | incipal Place o | of Business: | New Princ | New Principal Place of Business: | | | |
| 210 WEST SEFFNER, | US HIGHWAY FL 33584 L | | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | | |
| 5027 WESL TAMPA, FL | | | | | | | |
| FEI Number: | 16-1677846 | FEI Number Applied For () | FEI Number Not Appl | icable() | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | | |
| JAMES, PE 5027 WESL TAMPA, FL | | R. | 5027 WES | DORIS, PERMENTER M 5027 WESLEY DRIVE TAMPA, FL 33647 US | | | |
| 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. | | | | | | | |
| SIGNATURE: DORIS M. PERMENTER | | | | | 01/23/2008 | | |
| | Electronic | Signature of Registered Agen | t | | Date | | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | | |
| OFFICERS | AND DIRECT | ORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P () C PERMENTER, JA 5027 WESLEY D TAMPA, FL 3364 | RIVE | Title: Name: Address: City-St-Zip: | P (X) PERMENTER, D 5027 WESLEY TAMPA, FL 336 | DRIVE | | |
| Title: Name: Address: City-St-Zip: | SRVP ()E PERMENTER, RC 903 KNIGHT STR SEFFNER, FL 33 | EET | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | S ()E PERMENTER, DO 5027 WESLEY D TAMPA, FL 3364 | RIVE | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | T ()E PERMENTER, DO 5027 WESLEY D TAMPA, FL 3364 | RIVE | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | VP () D PERMENTER, RO PO BOX 449 SEFFNER, FL 33 | | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

| SIGNATURE: | DORIS M PERMENTER | Р | 01/23/2008 |
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