2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P04000051737

Entity Name: BURKHEAD CONSTRUCTION EQUIPMENT RENTAL, INC.

Current Principal Place of Business:

18320 NE 22 AVE
N MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18320 NE 22 AVE
N MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 01-0810416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKHEAD, RAMONA DST
18320 N.E. 22 AVENUE
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BURKHEAD, JAMES E SR
Address: 18320 NE 22 AVE
City-St-Zip: N MIAMI BEACH, FL 33160

Title: DV ( ) Delete
Name: BURKHEAD, JAMES E JR
Address: 18320 NE 22 AVE
City-St-Zip: N MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: BURKHEAD, RUSSELL E
Address: 1770 NE 191 ST APT 414
City-St-Zip: MIAMI, FL 33179

Title: DST ( ) Delete
Name: BURKHEAD, RAMONA
Address: 18320 NE 22 AVE
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAMONA BURKHEAD DIR 04/27/2006

Electronic Signature of Signing Officer or Director — Date