

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 043 \*\*\*158.75

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03012006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000015402					
1. Entity Name FAST TRACK CONCRETE PUMPING, INC.					
Principal Place of Business 1200 SOUTH ROGERS CIRCLE SUITE 4 BOCA RATON, FL 33487-5703			Mailing Address 1200 SOUTH ROGERS CIRCLE SUITE 4 BOCA RATON, FL 33487-5703		
2. Principal Place of Business 1411 N. 13th Street Suite, Apt. #, etc. Suite 105B City & State Riviera Bch, FL Zip 33404 Country Palm Bch		3. Mailing Address 1411 N. 13th Street Suite, Apt. #, etc. Suite 105B City & State Riviera Bch, FL Zip 33404 Country Palm Bch		4. FEI Number 65-0638716 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVID, JOHN MARK 13160 BRIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID, JOHN MARK 13160 BRIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID, JULIE 13160 BRIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITZ, TANYA 18887 42ND RD N LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POE, MARK 16759 60TH LANE N. LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Tanya Litz</i>		TANYA LITZ, <i>corporate</i> treasurer		Date <i>3/2/06</i> Daytime Phone # <i>501-863-4247</i>	