2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # 277225** NUNN PRESSURE GROUTING INC. Principal Place of Business Mailing Address 6323 AUTUMN CHASE LANE ORLANDO FL 32818 6323 AUTUMN CHASE LANE ORLANDO FL 32818 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1037535 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUNN, KENNETH A. 6308 ÁUTUMN CHASE LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32818 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE Delete IIIC ☐ Change Addition NUNN, KENNETH A. NAME U00000686639 6308 AUTUMN CHASE LANE 04/10/07-80007-002 150.00 STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NUNN, PATRICIA G. NAME NAME 6308 AUTUMN CHASE LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-S1-ZIP CITY-ST-7(P VD Delete ☐ Change Addition NUNN, TODD MANAG NAME 6323 AUTUMN CHASE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NUNN, TRENT NAME NAME 6323 AUTUMN CHASE LN STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CtTY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7P CITY - ST - ZIP TITLE ☐ Delete TIPLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OF DIVISIONALISES SERVING SERVES OF DIVISIONALISES.