2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# 358599

Entity Name: WEKIWA CONCRETE PRODUCTS INC

Current Principal Place of Business:

6424 W. JONES AVE
P O BOX 279
ZELLWOOD, FL 327980279

New Principal Place of Business:

6424 W. JONES AVE
ZELLWOOD, FL 32798

Current Mailing Address:

33 EAST MAIN STREET
2ND FLOOR
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-1284162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAHLSE, CONNIE
4907 W. KELLY PARK RD
APOPKA, FL 32712 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: VD ( ) Delete
Name: WARNER, COREY
Address: 3361 DAVIDS LANE
City-St-Zip: ZELLWOOD, FL 327980931

Title: VSD ( ) Delete
Name: WARNER, SHAWN
Address: 3361 DAVIDS LANE
City-St-Zip: ZELLWOOD, FL 327980931

Title: PTD ( ) Delete
Name: WAHLSE, CONNIE
Address: 4907 W KELLY PARK RD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: WARNER, COREY
Address: 3361 DAVIDS LANE
City-St-Zip: ZELLWOOD, FL 32798

Title: VSD (X) Change ( ) Addition
Name: WARNER, SHAWN
Address: 3361 DAVIDS LANE
City-St-Zip: ZELLWOOD, FL 32798

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: CONNIE WAHLSE P 03/28/2006

Electronic Signature of Signing Officer or Director — Date