2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 398529

Entity Name: EXCAVATORS, INC

Current Principal Place of Business:

900 NW 8TH AVENUE
BLDG. D
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

900 NW 8TH AVENUE
BLDG D
FORT LAUDERDALE, FL 33311

New Mailing Address:

900 NW 8TH AVENUE
BLDG. D
FORT LAUDERDALE, FL 33311

FEI Number: 59-1392750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, KENNETH G
900 NW 8TH AVE
BLDG D
FT LAUDERDALE, FL 33311 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

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: ELMORE, ROBERT,
Address: 900 NW 8TH AVENUE
City-St-Zip: FT. LAUD., FL

Title: AS ( ) Delete
Name: STEVENS, KENNETH G.,
Address: 412 NW 4TH ST.
City-St-Zip: FT. LAUD., FL 33301

Title: VDS ( ) Delete
Name: STEVENS, KENNETH G
Address: 412 NW 4TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: AS ( ) Change (X) Addition
Name: FOSTER, IDA M
Address: 900 NW 8TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: ROBERT ELMORE PDT 02/02/2009

Electronic Signature of Signing Officer or Director — Date