2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # 416292 1. Entity Name AERTS CONSTRUCTION CO INC Mailing Address Principal Place of Business 2869 20TH AVE N ST. PETERSBURG FL 33713 2869 20TH AVE N ST PETERSBURG FL 33713 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applied Country Ζıp Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D & B CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 5999 CENTRAL AVENUE SUITE 202 ST PETERSBURG FL 33710 Zio Cade City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature inquired when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 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. TITLE ☐ Change □ 86*** TITLE PS ☐ Delete U00000432371 NAME AERTS, JAMES NAME 82/23/06-80067-002 150.00 STREET ADDRESS STREET ADDRESS 2869 20TH AVE N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☐ Change ☐ Admi Delete MAM BOND, LINDA M MARTE STREET ADDRESS STREET ADDRESS 612-7TH AV. NORTH CITY-ST-ZIP City-St-78 TIERRA VERDE FL 33715 □ 86 *** TITLE ☐) Channe ☐ Delete TITLE NAME NAME BOND, LINDA M STREET ADDRESS STREET ADDRESS 612 7TH AVE N CITY-ST-7IP TIERRA VERDE FL 33715 CITY-ST-ZIP □ Million TITLE D Defete TITLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EITY - ST- ZIP TITLE ☐ Defete TITLE ☐ Change □ Adriii NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP Delete □ Miles WE E Change 7011 ENAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZP C)TY-SI-ZIP 12. I hereby 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 path, that I am an officer or direction 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 1.

FILED

(727) 328-1808