| 2008 FOR PROFIT CORPORATION<br>ANNUAL REPORT  |                |                     |   | FILED<br>Apr 30, 2008 8:00 am<br>Secretary of State |                                   |  |
|---|----------------|---------------------|---|---|-----------------------------------|--|
| DOCUMENT # 450600   |                |                     |   |   | 90196 023 ***158.75               |  |
| 1. Entity Name<br>KRAFT CONSTRUCTION COMPANY, INC.  |                |                     |   | )   |                                   |  |
| Principal Place of Business Mailing Address<br>3520 KRAFT ROAD 3520 KRAFT ROAD<br>NAPLES, FL 34105 NAPLES, FL 34105   |                | KRAFT ROAD          | 1   | 60034(  |                                   |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailin  |                | ailing Address      |   |   |                                   |  |
| Suite, Apt. #, etc.   | Suite,         | Suite, Apt. #, etc. |   | 04242008 Chg-P                                      | CR2E034 (12/06)                   |  |
| City & State  | City &         | City & State        |   | 4. FEI Number<br>59-1530885                         | Applied For<br>Not Applicable     |  |
| Zip Country   | Zip            | (                   | Country                                   | 5. Certificate of Status Desired                    | \$8.75 Additional<br>Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                |                     | Name                                      | 7Name and Address of New Registered Agent-          |                                   |  |
| PEZESHKAN, FARHAD<br>3520 KRAFT ROAD<br>NAPLES, FL 34105  |                | Street Address (    |   | (P.O. Box Number is Not Acceptab                    | ie) .                             |  |
|   |                |                     | City                                      |   | FL Zip Code                       |  |
| <ol> <li>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<br/>the obligations of registered agent.</li> </ol>  |                |                     |   |   |                                   |  |
| SIGNATURE   |                |                     |   |   |                                   |  |
| Signature, typed or printed name of registered agent and tille it applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         FILE NOW!!!       FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2008 Fee will be \$550.00       Trust Fund Contribution.       Date   |                |                     |   |   |                                   |  |
| 10. OFFICERS AND DIRECTORS  |                | S Delete            | 11.<br>TITLE V                            | ADDITIONS/CHANGES TO OF                             | FICERS AND DIRECTORS IN 11        |  |
| NAME PINHOLSTER, JOH<br>STREET ADDRESS 1969 7TH STREET<br>CITY-ST-ZIP NAPLES, FL 34102  | SOUTH          |                     |   | essler, Joe.<br>20 Mraft hoad<br>Des, FI. 34105     |                                   |  |
| TITLE SDV<br>NAME WILLIAMS, THOMA   |                | Delete              | TITLE V<br>NAME MC                        | rgan, heith   | Change Addition                   |  |
| STREET ADDRESS 3520 KRAFT ROAD<br>CITY-ST-ZIP NAPLES, FL 34105  |                |                     | 276                                       | ples, FI. 34105                                     |                                   |  |
| THTLE DCEO<br>NAME PEZESHKAN, FAR<br>STREET ADDRESS 801 NELSONS WA<br>CITY-ST-ZIP NAPLES, FL 34102  | ĻΚ             | Delete              | STREET ADDRESS 352                        | llber, heith<br>20 higft hoad<br>ples. Fi 34105     | Change 🖓 🗔 Addition               |  |
| TITLE<br>NAME KOENIY, POO<br>STREET ADDRESS 3520 KITGFF   | pert<br>hoad   | Delete              | TITLE V                                   | an William,<br>20 Kraft hoad                        | Change Addition                   |  |
| CITY-ST-ZIP Naples, FI.   | 34105          | Delete              |   | ples, = 34105                                       | Change Addition                   |  |
| NAME<br>STREET ADDRESS 3520 braft<br>CITY-ST-ZIP<br>NaDIOS, FI.   | - hoad         | Delete              | NAME HQ<br>STREET ADDRESS 35              | rt, hichard<br>20 hraft hoad<br>ples. A. 34105      | Change 🖌 Addition                 |  |
| TITLE V<br>NAME HUDSON, M<br>STREET ADDRESS 3520 VITUF<br>CITY-ST-210 NGPLES, FI  | arti<br>+ huad | Delete              | TITLE V<br>NAME EVY<br>STREET ADDRESS 357 | pric, Thomas<br>20 Wraft hoad<br>Dles. A. 34105     | Change 🛛 🖓 Addition               |  |
| <ol> <li>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 fue 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 endowered 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 ike empowered.</li> </ol> |                |                     |   |   |                                   |  |
| SIGNATURE:  |                |                     |   |   |                                   |  |