2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 19, 2007 08:00 AM DOCI-MENT # 467653 **Secretary of State** BUSŚMAN CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 5757 COLONIAL DRIVE 5757 COLONIAL DRIVE **NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653** No Chg-P CR2E034 (11/05) 01162007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1574021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUSSMAN, RAY DO NOT WRITE 5757 COLONIAL DRIVE NEW PORT RICHEY, FL 34653 IN THIS SPACE 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 aignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PD BUSSMANN, RAY NAME STREET ADDRESS 5757 COLONIAL DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34653 TITLE NAME 000000591959 01/19/07-80043-016 150.00 STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 true 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT1 F NAME STREET ADDRESS CITY-ST-ZIP

> Remille G DEFICER OR DIRECTOR