2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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

SIGNATURE!

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # 560542 1. Entity Name 04-05-2006 90148 011 ***150.00 PLYMEL CONSTRUCTION INC. Principal Place of Business Mailing Address CARNORD 2880 AURORA REDRISARNORD 2880 AURORA RU MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address 2880 AURURA 2880 AURORA CR2E034 (10/05) 1st MOORE City & State 4. FEI Number Applied For 59-1810394 Not Applicable Melbourne Country \$8.75 Additional 5. Certificate of Status Desired 32935 32*935* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLYMEL, DONALD L Street Address (P.O. Box Number is Not Acceptable) 4435 LAKE WASHINGTON ROAD **FAU GALLIE, FL** MELBOURNÉ FL 32935 Zio Code 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. DOVALD L. PLYMEL (NOTE Registerer Agent signature required when re-installing) DONALD FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE **VPSD** ☐ Defete TITLE ☐ Change ☐ Addition PLYMEL, DONALD NAME STREET ADDRESS 4435 LAKE WASHINGTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL. PTD Delete TITLE ☐ Change TITLE Addition MAME NAME PLYMEL, SUSAN M. STREET ADDRESS 4435 LAKE WASHINGTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL THTLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP THLE Change Addition HILE ☐ Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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

NAME JULIAN UP DONALD L. PLYMEL 3-28-06 331-242-0333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE:

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FILED