2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 26, 2005
Secretary of State

DOCUMENT# 597037

Entity Name: ABC CUTTING CONTRACTORS, INC.

Current Principal Place of Business:

2001 N. ANDREWS AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2001 N. ANDREWS AVENUE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-1521513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAN, JEFFREY B LL.M
3300 UNIVERSITY DRIVE
SUITE 100
CORAL SPRINGS, FL 33065 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: PD ( ) Delete
Name: MCCOY, FAITH,
Address: 2001 N ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL

Title: TREA ( ) Delete
Name: MCCOY, FAITH
Address: 2001 N ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL

Title: VP (X) Delete
Name: O'SHEA, JOHN F
Address: 2001 N ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL

Title: ST ( ) Delete
Name: PACHECOE, JULIE L
Address: 2001 N ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: NEESVIG, MARK
Address: 2001 N ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FAITH MCCOY PD 05/26/2005

Electronic Signature of Signing Officer or Director — Date