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

May 04, 2006 8:00 am Secretary of State **DOCUMENT # 606103** 1. Entity Name 05-04-2006 90216 003 ***158.75 BIGHAM CABLE CONSTRUCTION, INC. Principal Place of Business Mailing Address 1023 WOODLORE CR GULF BREEZE FL 32563 P.O BOX 903 GULF BREEZE FL 32562 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 56-1176506 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Marger et Bigham Street Address (P.O. Box Number is Not Acceptable) **BIGHAM, HAROLD** 1023 WÓODLORE CR. **GULF BREEZE FL 32561** 1023 Woodlone Cr. 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 SIGNATURE Manager of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstalling) 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 Delete Bigham, Margaret 1873 WOONTOKE CV. Cult Breeze, Fl. 32563 NAME BIGHAM, HAROLD NAME STREET ADDRESS 1023 WOODLORE STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME BIGHAM, MARGARET NAME: STREET ADDRESS 1023 WOODLORE STREET ADDRESS CITY-ST-7IP **GULF BREEZE FL** CITY-ST-7IP □ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠIŁE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mayart Bighar - May 4 41 106 850-932-68 44 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED