2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # 655033 KINGSWAY CONSTRUCTON, INC. Mailing Address Principal Place of Business 1100 ARCHER ST PORT CHARLOTTE FL 33952 1100 ARCHER ST PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/05) tst MOORE Applied For City & State City & State 4. FEI Number 59-1976837 Not Applicable Country Zio Country Zia \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONARD, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 1100 ARCHER ST PORT CHARLOTTE FL 33952 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hypertion printed name of registered agent and life if applicable (NOTE Registered Ageral signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 Y \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550,00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tū. OFFICERS AND DIRECTORS 33. P/D ☐ Detete THE ☐ Change ☐ Addition BILE NAME NAME CONARD, THOMAS M U00000554853 05/16/06-80003-014 150.00 STREET ADDRESS STREET ADDRESS 1100 ARCHER ST CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP Addition ☐ Change Defete TITLE TITLE MAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-DP Defete ☐ Change Addition THE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-70 CITY-ST-ZIP Delete ☐ Change Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Crt Y-ST-ZIP CITY-ST- ZIP THILE Delete 7iTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP

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

SIGNATURE: Thomas M. Consul Pray, Thomas M. Consul Pray,

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 it 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