2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED Feb 04, 2008 08:00 AN DOCUMENT # 655740 1. Entity Name Secretary of State ULMER CONSTRUCTION, INC. Principal Place of Business Mailing Address 11779 159TH CT. N. PMB # 430 JUPITER FL 33478 US 810 SATURN ST # 16 JUPITER FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2012520 Not Applicable Ζıp Country Ζip Country \$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 ULMER, LINDA Street Address (P.O. Box Number is Not Acceptable) 11779 159 CT N JUPITER FL 33478 City Zip 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 colligations of registered agent. SIGNATURE Signature, typed or minied learne of registered agent and the Hamplicable. (NOTE: Registried Agont eiginatum required when roins taling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE ULMER, DONALD E NAME 02/12/08-80030-011 150.00 STREET ADDRESS 11779 159TH COURT NORTH STREET ADDRESS CITY - ST-ZIP JUPITER FL 33478 CITY-ST-ZIP IIT: F Delete TITLE ☐ Change ☐ Addition NAME ULMER, LINDA NAME STREET ADDRESS 11779 159TH COURT NORTH STREET ADDRESS CITY-ST-215 JUPITER FL 33478 CITY-ST-ZIP TITLE Delete INTE ☐ Addition ☐ Change :JAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1/31/2 Dérete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP De ete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De etc TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trusfee 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: