2006 FOR PROFIT CORPORATION

Jul 11, 2006 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT #823331** 07-11-2006 90020 019 ***150.00 1. Entity Name HIGHLINES CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 701 BRIDGE CITY AVENUE 701 BRIDGE CITY AVENUE WESTWEGO, LA 70094 WESTWEGO, LA 70094 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 CR2E034 (11/05) City & State City & State 4 FEI Number Applied For 72-0679822 Not Applicable Zip Country Zip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. INLE 🔀 Delete PIZES IDENT TITLE Change Addition LABORDE, HICHAEL J G160 JONATHAN ALARIC AVE SOIGNET, ELMO A III NAME NAME STREET ADDRESS 313 HALE DRIVE STREET ADDRESS THIBODAUX, LA 70301 CITY-ST-ZIP CITY-ST-ZIP GONZALES LA 70737 TITLE TITLE Delete ☐ Change ☐ Addition KIHNEMANN, VICKI NAME 405 LASALLE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVER RIDGE, LA 70123 CITY-ST-ZIP DC TITLE ☐ Delete TITLE ☐ Change noitibhA [7] HUGHES, H. DANIEL II NAME NAME STREET ADDRESS 228 ESQUINANCE ST. STREET ADDRESS CITY-ST-ZIP MANDEVILLE, LA 70448 CITY-ST-ZIP TITLE ASC ☐ Delete TITLE ☐ Change ☐ Addition NAME KRUG, ANDREA NAME 5003 MT WHITNEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARRERO, LA 70072 CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ☐ Addition CHANOVE, RICHARD E MAME NAME 4509 CLEARY AVE. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP METAIRIE, LA 70002 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

ry CONTROLLER INTED NAME SIGNING OFFICER OR DIRECTOR SIGNATURE AND I

FILED