2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F05000005087 02-21-2006 90025 006 ***150.00 JOBSITE MATERIALS, INC. Principal Place of Business Mailing Address 40015771 6324 SNEAD COURT **6324 SNEAD COURT** WOODRIDGE, IL 60517 WOODRIDGE, IL 60517 2. Principal Place of Business 9410 Florida Mining Blud Mailing Address sameasabore Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) Jacksonville City & State 4. FEI Number Applied For 20-3376292 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2257 NJA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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. Fam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . . 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 . D. Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BILTHOUSE, RANDALL S NAME NAME STREET ADDRESS 6324 SNEAD COURT STREET ADDRESS CITY-ST-ZIP WOODRIDGE, IL 60517 CITY-ST-7IP Change THILE ☐ Delote Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 adachment with an address, with all other like empowered. 2-17-06 Date SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 21, 2006 8:00 am