2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2007 08:00 AM **Secretary of State** DOCUMENT # F05000006157 JOPLIN CONSTRUCTION DESIGN AND MANAGEMENT, INC. Principal Place of Business Mailing Address 610 S. WALL AVENUE P.O. BOX 1604 IOPLIN, MO 64801 JOPLIN, MO 64802 No Chg-P CR2E034 (11/05) 07032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1588057 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLUNKETT, LARRY N DO NOT WRITE 3386 SOUTHERN CAY DRIVE JUPITER, FL 33477 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE SMITH, STEVE A NAME 9268 STATE HIGHWAY 43 STREET ADDRESS CITY-ST-ZIP WEBB CITY, FL 64870 U00000767410 TITLE PLUNKETT, JEREMY N 07/10/07-90003-021 150.00 NAME STREET ADDRESS **515 W. 42ND STREET** CITY-ST-ZIP JOPLIN, MO 64804 TITLE SMITH, CHRISTINE E NAME STREET ADDRESS 9268 STATE HIGHWAY 43 DO NOT WRITE WEBB CITY, MO 64870 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TERRINY N. PLUNKETT