2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE!

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FILED Jan 30, 2006 08:00 AN DOCUMENT # F27718 1. Entity Name **Secretary of State** APOLLO II STEEL ERECTION, INC. Principal Place of Business Mailing Address P.O. BOX 1201 P.O. BOX 1201 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2080773 Not Applicab! Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDINI, DAVID J Street Address (P.O. Box Number is Not Acceptable) VALDINI & PALMER, P.A. 5353 NORTH FEDERAL HIGHWAY, SUITE 303 FORT LAUDERDALE FL 33308 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 it applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May & After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. TITLE ☐ Change Additio TITLE ☐ Delete NAME BIRS, RICHARD D NAME U00000407862 STREET ADDRESS 2855 DOE TRAIL STREET ADDRESS 02/08/06-80036-016 150.00 CITY-ST-ZIP LOXAHATCHE FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Chance Maddis. Delete TITLE TITLE NAME NAME STREET ADDRESS STRILE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add." Oelete TIFLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 🔲 Addili Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-7/P CITY-ST-ZIP Defete TITLE ☐ Change Arteri NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if made under oath, that I am an officer or direct 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 1 if changed, or on an attachment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTOR