2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 12, 2007 08:00 AN Secretary of State DOCUMENT # F39791 1. Entity Name BRALEW CONSTRUCTION, INC. Mailing Address Principal Place of Business 20960 SANDY LN POB 1270 P O BOX 1270 ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2116069 Not Applicable Country Zip Country Zip \$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 LEWIS, JEFF Street Address (P.O. Box Number is Not Acceptable) 18428 MANTANZAS RD FORT MYERS FL 33912 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2007 Fee Will Be \$550.00 6 2 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PΩ UTLE ☐ Delete MILE Change Addition LEWIS, JEFF NAME NAME 000000631150 02/20/07-80035-021 150.00 18428 MATANZAS RD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-7IP CITY-ST-ZIP ☐ Addition HILE ☐ Defete THLE Change NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST-7IP ☐ Delele THE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP TITLE ☐ Delete TITLE Change Addition STRLET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CJTY-SI-ZiP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TATLE ☐ Change NAME. NAME STREET ADDRESS STREET ADDRESS CUTY+SI-ZIP CITY-ST-ZIP

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further cortify 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 contributes 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:

SIGNATURE AND TYPE CONFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

239-267-4001