2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# F56703

Entity Name: SUPERIOR SHOTCRETE SERVICE, INC.

Current Principal Place of Business:

% PAMELA M. LYNN
12601 SW 8TH AVENUE
OCALA, FL 34476

New Principal Place of Business:

% PAMELA M. LYNN
12601 SW 8TH AVENUE
OCALA, FL 34473 US

Current Mailing Address:

% PAMELA M. LYNN
12601 SW 8TH AVENUE
OCALA, FL 34476

New Mailing Address:

% PAMELA M. LYNN
12601 SW 8TH AVENUE
OCALA, FL 34473 US

FEI Number: 59-2166370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, PAMELA M
12601 S.W. 8TH AVENUE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

LYNN, PAMELA M
12601 S.W. 8TH AVENUE
OCALA, FL 34473 US

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.

SIGNATURE: _____ 04/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LYNN, DOUGLAS W
Address: 12601 SW 8TH AVE
City-St-Zip: OCALA, FL

Title: VPT ( ) Delete
Name: LYNN, STEPHEN D
Address: 12601 SW 8TH AVE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LYNN, STEPHEN D
Address: 12601 SW 8TH AVE
City-St-Zip: OCALA, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA M. LYNN RA 04/20/2009
Electronic Signature of Signing Officer or Director — Date