2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# F97000006334

Entity Name: ASSOCIATION OF INDEPENDENT QUIKRETE LICENSEES, INC.

Current Principal Place of Business:

4230 S. MCDILL AVE.
SUITE 218
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

PO BOX 408
STORMVILLE, NY 12582

New Mailing Address:

FEI Number: 41-1761449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: PETTY, J. D.
Address: 15950 S. LORANG RD.
City-St-Zip: ELBURN, IL 60119

Title: P ( ) Delete
Name: BURMER, CLAUDIA
Address: 4230 S. MACDILL AVE., SUITE 218
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete
Name: DOHERTY, DARREN
Address: PO BOX 408
City-St-Zip: STORMVILLE, NY 12582

Title: D ( ) Delete
Name: SIMPSON, TOM
Address: 926 S. HIGHWAY DR.
City-St-Zip: FENTON, MO 63026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DARREN DOHERTY SECR 01/03/2007

Electronic Signature of Signing Officer or Director — Date