2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 26, 2006 08:00 AN **DOCUMENT # H68162 Secretary of State** 1. Entity Name FERGUSON MASONRY, INC. Principal Place of Business Mailing Address 8667 150TH COURT N . 8667 150TH COURT N PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 06162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2461482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FERGUSON, MICHAEL WADE 8667 150TH CT NORTH PALM BEACH GARDENS, FL 33418 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 ٠, ٠ Trust Fund Contribution. Added to Fees Due by September 6, 2006 · ... OFFICERS AND DIRECTORS 10. TITLE FERGUSON, MICHAEL W NAME 8667 150TH COURT N STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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 in Block 10 or Block 11 if changed, or on an attachment with an orderess with all other like empowered.

SIGNATURE: 6

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

THE AND TYPE OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

6-16-06

Daytime Phone #

FILED