2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 13, 2006 08:00 AM DOCUMENT # J05971 **Secretary of State** t. Entity Name ED'S CRANE SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 511663 PUNTA GORDA FL 33951-1663 3241 ASH STREET PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2649039 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, EDWIN H Street Address (P.O. Box Number is Not Acceptable) 3241 ASH STREET PUNTA GORDA FL 33950 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 (NOTE Registered Agent Pronouve required when remaining) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be 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. יוסף MIF Addition THE Oelete ☐ Change NAME NAME SMITH, EDWIN H 10000001464129 STREET ADDRESS 3241 ASH STREET STREET ADDRESS 03/21/06-80102-022-150.00 CATY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL DΥ ☐ Change ☐ Addition TITLE Delete MAME SMITH, MARY F NAME STREET ADDRESS 3241 ASH STREET STREET ADDRESS CMY-SI-712 CUTY-ST-7/P PUNTA GORDA FL ☐ Delete mu ☐ Change Addition TITLE NAM SMITH, EDWIN NATHAN STREET ADDRESS STREET ADDRESS 2354 BEACON DR City-St-zie PORT CHARLOTTE FL 93952 CICK: ST-707 ☐ Delete ☐ Change Addition 73715 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP 33772 ☐ Delete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP mu TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS. CHY-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 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

FILED