2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM DOCUMENT # J54365 Secretary of State 1. Entity Name ERIN CONSTRUCTION CO., INC. Mailing Address Principal Place of Business ERIN CONSTRUCTION CO INC ERIN CONSTRUCTION CO INC. 7355 CANAL DR 7355 CANAL DR LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2763266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PARKER, DEBORAH DO NOT WRITE 7355 CANAL DRIVE LAKE WORTH, FL 33467 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PARKER, JOHN DAVID 100000382527 01/12/06-80016-002 150.00 STREET ADDRESS 7355 CANAL DR CITY-ST-ZIP LAKE WORTH, FL 33467 DST TITLE PARKER, DEBORAH NAME STREET ADDRESS 7355 CANAL DR CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-SY-ZIP

12. I hereby certify that the information supplied with this filing 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 tustee 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 an other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-9-DK

Daytime Phone #