2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # J73585** Feb 19, 2007 08:00 AN Secretary of State 1. Entity Name MICHAEL ARNOLD CONSTRUCTION, INC. Principal Place of Business Mailing Address 4172 CREEK BLUFF DRIVE 4172 CREEK BLUFF DRIVE ST-AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2851027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARNOLD, MICHAEL S. DO NOT WRITE 4172 CREEK BLUFF DR. ST AUGUSTINE, FL 32086 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) 000000639348 02/28/07-80022-016 150.00 \$5.00 May Be -- 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTS TITLE NAME ARNOLD, MICHAEL S. 4172 CREEK BLUFF DRIVE STREET ADDRESS CITY-ST-7IP ST AUGUSTINE, FL 32086 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 address, with all other like empowered.

SIGNATURE: Muhael & Wrould

CITY-ST-ZIP

2/16/07 (904) 669-0368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR