2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90157 029 ***150.00 DOCUMENT # K26745 1. Entity Name JAYDEN CONSTRUCTION COMPANY OF FLORIDA, INC. 40068624 Principal Place of Business Mailing Address 580 VILLAGE BLVD. 580 VILLAGE BLVD. SUITE 300 SUITE 300 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0055261 Not Applicable Zip 、 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENHOLTZ, STEWART F Street Address (P.O. Box Number is Not Acceptable) 580 VILLAGE BLVD. SUITE 300 WEST PALM BEACH, FL 33409 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 styped 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 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VP ☐ Delete TITLE TITLE ☐ Change Addition HOPIN, MARC DENHOLTZ, JACK W. NAME NAME 580 Village Blvd. STE 300 580 VILLAGE BLVD. STE 300 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME DENHOLTZ, STEWART NAME STREET ADDRESS 580 VILLAGE BLVD. STE 300 STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME MCNAMARA, COLLEEN J NAME 580 VILLAGE BLVD, STE 300 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED