2006 FOR PROFIT CORPORATION

Apr 19, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # K58758 04-19-2006 90089 038 ***150.00 1 Entity Name BONDED BUILDERS SERVICE CORP. Principal Place of Business Mailing Address 1500 KINGS HWY **360 CENTRAL AVENUE** PORT CHARLOTTE, FL 33980 ST. PETERSBURG, FL 33701 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-0104937 Not Applicable Zip Country Country Zip \$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 HAIRE, NANCY C 360 CENTRAL AVE Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG, FL 33701 City Zip Code FL 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete Addition TITLE ☐ Change NAME HEAD,, HOWARD A Meehan, David K. 2201 CORPORATE BLVD., NW STE 100 STREET ADDRESS STREET ADDRESS 360 Central Ave. CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP St. Petersburg, FL 33701 TITLE DPS Delete TITLE Addition ☐ Change WARD, WHIT Trudel, Stephanie D. NAME STREET ADDRESS 2201 CORPORATE BLVD., NW STE 100 STREET ADDRESS 360 Central Ave. CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP St. Petersburg, FL 33701 TITLE AS ☐ Defete TITLE ☐ Change Addition HAIRE, NANCY C NAME NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY-ST-ZIF TITLE DT Delete ☐ Change ■ Addition NAME MARTZ, BARD NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY-ST-ZIF TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME HUSSEMANN, EDWIN C NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME KESNECK, BRIAN J NAME 360 CENTRAL AVE STREET ADDRESS STREET ADDRESS

12. Thereby 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 address, with all other like empowered. Nancy C. Haire

CITY-ST-ZIP

OFFICER OR DIRECTOR

ST. PETERSBURG, FL 33701

CITY-ST-ZIP

3/8/2006 Date

727 823-4000

Daytime Phone #

FILED