2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 12, 2007
Secretary of State

DOCUMENT# K94321

Entity Name: APPALACHIAN MATERIAL SERVICE, INC.

Current Principal Place of Business:

9321 MOCCASIN WALLOW ROAD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

PO BOX 97
TERRA CEIA, FL 34250

New Mailing Address:

FEI Number: 58-1849283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIMPY, ALAN J
9321 MOCCASIN WALLOW ROAD
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WIMPY, ALAN J
Address: PO BOX 97
City-St-Zip: TERRA CEIA, FL 34250

Title: VP ( ) Delete
Name: WIMPY, AL
Address: PO BOX 97
City-St-Zip: DAHLONEGA, GA 30533

Title: ST ( ) Delete
Name: SMITH, KATHLEEN M
Address: PO BOX 97
City-St-Zip: TERRA CEIA, FL 34250

Title: VPO ( ) Delete
Name: THOMPSON III, BERNIE L
Address: PO BOX 97
City-St-Zip: TERRA CEIA, FL 34250

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WIMPY, ALAN J
Address: PO BOX 97
City-St-Zip: TERRA CEIA, FL 34250 US

Title: P (X) Change ( ) Addition
Name: WIMPY, AL
Address: PO BOX 97
City-St-Zip: DAHLONEGA, GA 30533 US

Title: ST (X) Change ( ) Addition
Name: SMITH, KATHLEEN M
Address: PO BOX 97
City-St-Zip: TERRA CEIA, FL 34250 US

Title: VP (X) Change ( ) Addition
Name: THOMPSON III, BERNIE L
Address: PO BOX 97
City-St-Zip: TERRA CEIA, FL 34250 US

Title: GM ( ) Change (X) Addition
Name: HAUSER, WILLIAM D
Address: P. O. BOX 97
City-St-Zip: TERRA CEIA, FL 34250 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M. SMITH ST 12/12/2007

Electronic Signature of Signing Officer or Director — Date