2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2007
Secretary of State

DOCUMENT# L00000004641

Entity Name: FLOAT-CRETE SYSTEMS. LLC

Current Principal Place of Business:

417 WEST RIVER ROAD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

417 WEST RIVER ROAD
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3645117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BIRD-LOEFFLER, BONNIE L
417 WEST RIVER RD.
PALATKA, FL 32177 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

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: LOEFFLER, FEDERICO
Address: LAJA 118
City-St-Zip: MEXICO, 01900

Title: CFO ( ) Delete
Name: MASSEY, KENNETH DR
Address: AV. DEL BOSQUE SUITE 915-706
City-St-Zip: PROVIDENCIA, SA 66507

Title: QD ( ) Delete
Name: BIRD, BILL
Address: 15 MAYFLOWER
City-St-Zip: ALISO VIEJO, CA 92656

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FEDERICO LOEFFLER CEO 05/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date