2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# L05000041535

Entity Name: BEDROCK FOUNDATION WORKS OF FLORIDA, LLC

Current Principal Place of Business:

9347 DENTON AVENUE
UNIT B6
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

9347 DENTON AVENUE
UNIT B6
HUDSON, FL 34667

New Mailing Address:

FEI Number: 20-2749534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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: MGRM ( ) Delete
Name: WHITE, DOROTHY
Address: 9347 DENTON AVENUE, UNIT B6
City-St-Zip: HUDSON, FL 34667

Title: MGRM ( ) Delete
Name: WHITE, PATRICK
Address: 9347 DENTON AVENUE, UNIT B6
City-St-Zip: HUDSON, FL 34667

Title: MGRM ( ) Delete
Name: PARDEE, JANINE
Address: 9347 DENTON AVENUE, UNIT B6
City-St-Zip: HUDSON, FL 34667

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 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: PATRICK WHITE MGRM 04/11/2006

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