2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L05000108566

Entity Name: DOUBLE CLICK CONSTRUCTION, LLC

Current Principal Place of Business:

21355 EAST DIXIE HIGHWAY
SUITE 101
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21355 EAST DIXIE HIGHWAY
SUITE 101
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-3760270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORKIDI, JOSE
21355 EAST DIXIE HIGHWAY
SUITE 101
AVENTURA, FL 33180 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: MGR ( ) Delete
Name: DOUBLE CLICK CONSTRU, CTION, INC
Address: 21355 EAST DIXIE HIGHWAY SUITE 101
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: PYRAMID DEVELOPMENT, USA & INVESTME N T CORP
Address: 20533 BISCAYNE BLVD STE 4-235
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CORKIDI, JOSE
Address: 21355 E DIXIE HWY SUITE 101
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change ( ) Addition
Name: PYRAMID DEVELOPMENT, USA & INVESTME N T CORP
Address: 20533 BISCAYNE BLVD STE 4-235
City-St-Zip: AVENTURA, FL 33180

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: JOSE CORKIDI MNGM 04/23/2007

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