2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011783

ROYAL, KIM

P.O. BOX 32

HORSESHOE BEACH, FL 32648

Name:

Address:

City-St-Zip:

Entity Name: ED AND SAMS CONSTRUCTION, LLC

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 826 NE 592 STREET OLD TOWN, FL 32680 **Current Mailing Address: New Mailing Address:** 826 NE 592 STREET OLD TOWN, FL 32680 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () 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: Name and Address of New Registered Agent: A1A REGISTERED AGENT INC. PARROTT, TAMMY J 826 NE 592ND STREET 92 SADBERRY ROAD QUINCY, FL 32351 OLD TOWN, FL 32680 US 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: TAMMY J PARROTT 05/02/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PARROTT, EDWARD Name: Name: Address: 826 NE 592 STREET Address: City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PARROTT, TAMMY Name: Address: 826 NE 592 STREET Address: City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition ROYAL, SAMMY Name: Name: Address: P.O. BOX 32 Address: City-St-Zip: HORSESHOE BEACH, FL 32648 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TAMMY PARROTT MGRM 05/02/2007