2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# L06000106376

Entity Name: CATASTROPHE & CONSTRUCTION SOLUTIONS, LLC

Current Principal Place of Business:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 86-1176711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

FREEMAN, WADDIE A
1912 TURNBERRY DRIVE
OVIEDO, FL 32765 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MS ( ) Change (X) Addition
Name: FREEMAN, OLIVE M
Address: 1802 N. ALAFAYA TRAIL SUITE 139
City-St-Zip: ORLANDO, FL 32826 US

Title: MR. ( ) Change (X) Addition
Name: FREEMAN, ELLIOTT L
Address: 1802 N. ALAFAYA TRAIL SUITE 139
City-St-Zip: ORLANDO, FL 32826 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 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: WADDIE A. FREEMAN MR 05/24/2007

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