2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 12, 2006 08:00 AN DOCUMENT # L47619 **Secretary of State** 1. Entity Name PRI ASPHALT TECHNOLOGIES, INC. Mailing Address Principal Place of Business 6408 BADGER DR 6408 BADGER DR TAMPA, FL 33610-2004 US TAMPA, FL 33610-2004 US 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2986921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent GRZYBOWSKI, KENNETH F DO NOT WRITE 6408 BADGER DR TAMPA, FL 33610 IN THIS SPACE 8. 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 I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and trife if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be UQ0000383142 Trust Fund Contribution. Added to Fees 01/12/06-80041-008 150.00 OFFICERS AND DIRECTORS 10. GRZYBOWSKI, KENNETH F. NAME STREET ADDRESS 307 RIVERHILLS DR CITY-ST-ZIP TEMPLE TERRACE, FL TITLE GRZYBOWSKI, SUSAN T. STREET ADDRESS 307 RIVERHILLS DR CITY-ST-ZIP TEMPLE TERRACE, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CSTY - ST - 7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TOLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR