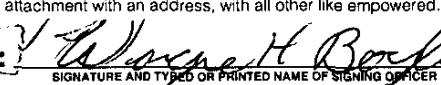


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 SEP 29 PM 12:36

DOCUMENT # L64827					
1. Entity Name WAYNE H. BOYLAN CONTRACTING, INC.					
Principal Place of Business 3 WATCHUNG HEIGHTS AVE WARREN, NJ 07059			Mailing Address 3 WATCHUNG HEIGHTS AVE WARREN, NJ 07059		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0200589	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAMER, SCOTT 1155 U.S. HWY. ONE SUITE 205 JUNO BEACH, FL 33408			Note: Address change only 6650 West Indiantown Rd. Suite 200 Jupiter, FL 33458		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTS	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	BOYLAN, KIM E.		NAME	500060203955	
STREET ADDRESS	44 SAWMILL RD.		STREET ADDRESS	10/04/05--01015--014 **\$61.25	
CITY-ST-ZIP	WARREN, NJ		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	Pres, VP, Sec, Treas ☒ Change ☐ Addition	
NAME	BOYLAN, WAYNE H.		NAME	Boylan, Wayne H.	
STREET ADDRESS	44 SAWMILL RD.		STREET ADDRESS	3 Watchung Heights Ave.	
CITY-ST-ZIP	WARREN, NJ		CITY-ST-ZIP	Warren, NJ 07059 ☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Wayne H. Boylan		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/26/05 Daytime Phone # 908-753-2233		