2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED **DOCUMENT # M28533** 1. Entity Name 06 SEP 18 AM 8: 48 ROADBLOCKS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9521 NW 17TH AVE. 8350 NE 4TH AVENUE MIAMI, FL 33147 MIAMI, FL 33138 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2640248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LIVINGSTON, LAMAR DO NOT WRITE 8350 NE 4TH AVENUE MIAMI, FL 33138 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. 400080194124 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 15, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE LIVINGSTON, LAMAR NAME 8350 NE 4TH AVE. STREET ADDRESS MIAMI, FL 33138 CITY-ST-ZIP TITLE NAME LIVINGSTON, DONNA 8350 NE 4TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-06 Daytime Phone 9