2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS

Jul 12, 2004 08:00 AM DOCUMENT # M53051 **Secretary of State** 1. Entity Name ALLBRIGHT PLASTERING, INC. Principal Place of Business Mailing Address 17776 TOLEDO BLADE BLVD 17776 TOLEDO BLADE BLVD PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 07072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2814465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALLBRIGHT, PETER DO NOT WRITE 21524 DOBBINS AVE PORT CHARLOTTE, FL 33954 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. (NOTÉ: Registered Agent signature required when remetaling) DATE Signature, typed or printed name of registered again and title if applicable 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ——U00000165772 07/12/04**-80**027-010 **150.00** TITLE ALLBRIGHT, PETER NAME 21524 DOBBINS AVENUE STREET ADDRESS CSTY -ST-ZIP PT. CHARLOTTE, FL រារាន ALLBRIGHT, AGNES 21524 DOBBINS AVENUE STREET ADDRESS CITY-ST-ZIP PT. CHARLOTTE, FL TITLE SUSSE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CUTY-ST-77P THLE NAME STREET ADDRESS

FILED

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: Lete alleret Peter Allbright 7/7/04 141-255-5586