2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 12, 2004 08:00 AM Secretary of State DOCUMENT # M91384 FLORIDA PRECAST CORPORATION Principal Place of Business Mailing Address **521 LAKE AVENUE** 521 LAKE AVENUE SUITE 11 SUITE 11 LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 01302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0117564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UNDERBERG, EUGENE M. DO NOT WRITE 521 LAKE AVÉ SUITE 11 IN THIS SPACE LAKE WORTH, FL 33460 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE UNDERBERG, EUGENE M. U000000047483 NAME 02/12/04-90042-015 150.00 STREET ADDRESS 521 LAKE AVE CITY-ST-ZIP LAKE WORTH, FL PTD TITLE SCHUMACHER, JAMES NAME STREET ADDRESS 1611 N LAKESIDE DR LAKE WORTH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE

CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR