2004 FOR PROFIT CORPORATION

CITY ST ZIP

SIGNATURE:

FILED ANNUAL REPORT Aug 04, 2004 08:00 AM Secretary of State DOCUMENT # P00000052025 MEL'S CONSTRUCTION INC. Principal Place of Business Mailing Address P.O. BOX 1331 P.O. BOX 1331 HERNANDO, FL 34442 HERNANDO, FL 34442 07292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3654013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COATS, MELVIN DO NOT WRITE 1343 TRIPLE CROWN HERNANDO, FL 34442 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. diname of registered agent and site (NOTE, Requisitored Agent translute renic of the ichire hatathea) FILE NOW!!! FEE IS \$150.00 9. Erection Campaign Financing \$5.00 May 8e In accordance with s. 607.193(2)(b), F.S., the \Box Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TIRE NAME COATS, MELVIN U00000169365 1343 TRIPLE CROWN STREET ADDRESS 08/04/04-80004-021 150.00 CITY - ST - ZIP HERNANDO, FL 34442 TITLE NAME COATS, MELVIN STREET ADDRESS 1343 TRIPLE CROWN CITY-ST ZIP HERNANDO, FL 34442 D HILE LAME COATS, JORDAN 1343 TRIPLE CROWN STREET ADDRESS DO NOT WRITE CITY ST ZIP HERNANDO, FL 34442 IN THIS SPACE TITLE VP COATS, GAVIN NAME STREET ADDRESS 1343 TRIPLE CROWN CITY ST ZIP HERNANDO, FL 34442 BILE NAME STREET ADDRESS CITY ST ZIP RILE NAME STREET ADDRESS

12. Thereby 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 tegel 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.