2006 FOR PROFIT CORPORATION

Apr 26, 2006 8:00 am * Secretary of State ANNUAL REPORT DOCUMENT # P00000065742 04-26-2006 90232 022 ***150.00 PENCO DEMOLITION AND ABATEMENT CO., INC. Principal Place of Business Mailing Address 1730 SOUTH BUMBY AVENUE 2030 ROYAL LANE 50016855 DALLAS, TX 75229 ORLANDO, FL 32806 3. Mailing Address 4407 BEE CAVES ROAD 2. Principal Place of Business Suite, Apt. #, etc. SUITE 320 Suite, Apt. #, etc. CR2E034 (11/05) 04212006 City & State AUSTIN, TEXAS City & State 4. FEI Number Applied For 59-3658155 Not Applicable \$8.75 Additional Zip Country Country 78746 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALVERT, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1730 SOUTH BUMBY AVENUE ORLANDO, FL 32806 Zip Code City 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) OATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition Đ Delete TITLE TITLE RENNEKER, CHARLES N NAME NAME STREET AODRESS 4407 BEE CAVES RD. STE 320 STREET ADORESS AUSTIN, TX 78746 CITY-ST-ZIP CITY-ST-ZIP D THILE Change ■ Addition TITLE ☐ Delete RENNEKER, ROBERT L NAME NAME 4407 BEE CAVES RD. STE 320 STREET ADDRESS STREET ADDRESS AUSTIN, TX 78746 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE CALVERT, JOHN M NAME NAME STREET ADORESS 1730 S. BUMBY AVENUE STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-7IP Chance ☐ Detele TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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 deceiver or true tested 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 attact ment with Enjeddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED