2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2005 8:00 am Secretary of State

DOCUMENT # P00000074399 01-11-2005 90010 049 ***150.00 DA KIND CONSTRUCTION, INC. Mailing Address Principal Place of Business 50001394 1210 S.E. 5TH ST. 1210 S.E. 5TH ST. DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address 901 S.E. 7th Ct Suite, Apt. #, etc. 01062005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3662231 Not Applicable Deerfield Deerfield Beach Beach. Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 33441 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE B. GROSHEIM GROSHEIM, GEORGE B Street Address (P.O. Box Number is Not Acceptable) 1210 S.E. 5TH ST. 901 S.E. 9th Court DEERFIELD BEACH, FL 33441 33441 Deerfield Beach, Fl Zip Code 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 registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ☐ Addition GROSHEIM, DONALD J NAME NAME STREET ADDRESS 1210 S.E. 5TH ST. STREET ADDRESS 901 S.E. 7th Ct. CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP Deerfield Beach. 33441 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F Delete TETLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 affaichment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-06

Date Daytime Phone #