2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P00000082025

Entity Name: BEAUTIFUL CONCRETE OF AMERICA, INC.

Current Principal Place of Business:

1868 N. UNIVERSITY DR.
#100
PLANTATION, FL 33322

New Principal Place of Business:

1852 N. UNIVERSITY DR.
PLANTATION, FL 33322

Current Mailing Address:

1868 N. UNIVERSITY DR.
#100
PLANTATION, FL 33322

New Mailing Address:

1852 N. UNIVERSITY DR.
PLANTATION, FL 33322

FEI Number: 65-1035469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, LAWRENCE
1868 N. UNIVERSITY DR. #100
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

COHEN, LAWRENCE
1852 N. UNIVERSITY DR.
PLANTATION, FL 33322 US

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.

SIGNATURE: _____ 04/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: COHEN, LAWRENCE
Address: 1868 N. UNIVERSITY DR. #100
City-St-Zip: PLANTATION, FL 33322

Title: VPST ( ) Delete
Name: POVLOW, BRIAN
Address: 1868 N. UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: COHEN, LAWRENCE
Address: 1852 N. UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33322

Title: VPST (X) Change ( ) Addition
Name: POVLOW, BRIAN
Address: 1852 N. UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE COHEN PSTD 04/16/2009
Electronic Signature of Signing Officer or Director — Date