2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)~

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P00000091685 04-17-2007 90238 022 ***150.00 1. Entity Name B & G MASONRY INC. Principal Place of Business Mailing Address 1760 14TH AVE SW VERO BEACH FL 32962 1760 14TH AVE SW VERO BEACH FL 32962 3. Mailing Address Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 65-1043765 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLIS, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 1760 14TH AVE SW VERO BEACH FL 32962 City 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 of registered agent. Signature, typed or printed name of registered rigent and little i applicable (NOTE Registered Agent signature required when reinstalized FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete HITE Change Addition GILLIS, BRIAN K P/S/T/D NAMI NAME 1760 14TH.AVE.S.W. STREET ADDRESS STREET ADDRESS VERO BEACH FL 32962 CHY ST-ZIP CHY SE ZIP SO HH Delete THE ☐ Change Addition DENNING, MELLISSA NAMI 1760 14TH.AVE.S.W. STREET ADDRESS STREET ADDRESS VERO BEACH FL 32962 CITY-ST-ZIP COY ST ZIP 11016 ☐ Defete 71717 Change ■ Addition NAMI BROWN, JOHN W D NAMI 355 16TH.ST.S.W. STREET ADDRESS STREET ADDRESS VERO BEACH FL 32962 CHY-SL ZIP CDY SI-ZIP HDE ☐ Defete THE F ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY SI ZIP CITY ST ZIP ☐ Defete RRE Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-7IP HILE Delete DRF Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - /IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

indicated on this roport or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED