FILED Jun 29, 2007 8:00 am **2007 FOR PROFIT CORPORATION 'ANNUAL REPORT Secretary of State DOCUMENT # P00000116856** 06-29-2007 90001 009 ***558.75 A MITCHELL CONCRETE INC. Principal Place of Business Mailing Address 6001 LEELAND ST S 6001 LEELAND ST S SAINT PETERSBURG, FL 33715 SAINT PETERSBURG, FL 33715 06182007 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1070385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHELL, ANDREW SR DO NOT WRITE 6001 LEELAND ST S SAINT PETERSBURG, FL 33715 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 eccept the obligations of registered agent DATE FILE NOWILL FEE IS \$550.00 9. Election Campaign Financing

\$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME MITCHELL, ANDREW SR STREET ADDRESS 6001 LEELAND ST S CITY-ST-7IP ST PETERSBURG, FL 33715 TITLE NAME MITCHELL, CYNTHIA STREET ADDRESS 6001 LEELAND ST SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33715 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 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 chapter 607, or on an attaching it with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

Date

Daytime Phone #