2006 FOR PROFIT CORPORATION

Apr 21, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000002259 1. Entity Name WILCOX CONSTRUCTION OF AMERICA, INC. Principal Place of Business Mailing Address 10177 SW 49TH AVE 10177 SW 49TH AVE OCALA, FL 34476 OCALA, FL 34476 CR2E034 (11/05) 04142006 No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1068207 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired □ 6. Name and Address of Current Registered Agent HARTLEY, DAVID DO NOT WRITE 10177 SW 49TH AVE OCALA, FL 34476 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 accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE HARTLEY, DAVID NAME STREET ADDRESS 10177 SW 49TH AVE U00000524176 05/03/06-80102-020 150.90 OCALA, FL 34476 C/17-51-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP DBE NAME SKREET ACCRESS DO NOT WRITE CITY-ST-ZIP BILE IN THIS SPACE NAME STREET ADDRESS CHY-SI-20 KILE NAME STREET ADDRESS City-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 it changed, or or an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR

SIGNATURE:

TITLE MARKE STREET ADDRESS C(TY-S1-29)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIS

352-291-0700

FILED

Daytime Phone if