

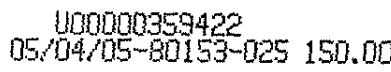
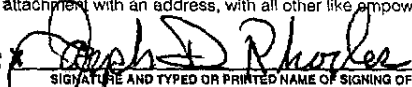


FILED
May 03, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P01000006614 1. Entity Name CONSTRUCTION FOLDER, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 1869 FLORALTON DR. SPRING HILL, FL 34610</div><div>Mailing Address 1869 FLORALTON DR. SPRING HILL, FL 34610</div></div>		<div style="text-align: right;">Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">03082005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>4. FEI Number 59-3704666</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																															
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<div style="display: flex;"><div style="width: 50%; border-right: 1px solid black; padding-right: 5px;">6. Name and Address of Current Registered Agent RHODES, JOSEPH 1869 FLORALTON DR. SPRING HILL, FL 34610</div><div style="width: 50%; padding-left: 5px; text-align: center; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div></div>																																																	
<div>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.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div><div>DATE _____</div></div>																																																	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%; text-align: center;">FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div><div style="width: 35%; border: 1px solid black; padding: 5px;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 30%;"></div></div>																																																	
<div style="display: flex;"><div style="width: 50%; border-right: 1px solid black; padding-right: 5px;">10. OFFICERS AND DIRECTORS<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>DPT</td></tr><tr><td>NAME</td><td>RHODES, JOSEPH D</td></tr><tr><td>STREET ADDRESS</td><td>1869 FLORALTON DRIVE</td></tr><tr><td>CITY-ST-ZIP</td><td>SPRING HILL, FL 34610</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>RHODES, MARCIA</td></tr><tr><td>STREET ADDRESS</td><td>1869 FLORALTON DRIVE</td></tr><tr><td>CITY-ST-ZIP</td><td>SPRING HILL, FL 34610</td></tr><tr><td>TITLE</td><td>DVPS</td></tr><tr><td>NAME</td><td>EHLERS, HERMANN W</td></tr><tr><td>STREET ADDRESS</td><td>1869 FLORALTON DRIVE</td></tr><tr><td>CITY-ST-ZIP</td><td>SPRING HILL, FL 34610</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>PICARD, BARBARA</td></tr><tr><td>STREET ADDRESS</td><td>1869 FLORALTON DRIVE</td></tr><tr><td>CITY-ST-ZIP</td><td>BROOKSVILLE, FL 34610</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table></div><div style="width: 50%; padding-left: 5px; text-align: center; vertical-align: middle;"><div style="margin-top: 20px;"></div><div style="margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div></div></div>		TITLE	DPT	NAME	RHODES, JOSEPH D	STREET ADDRESS	1869 FLORALTON DRIVE	CITY-ST-ZIP	SPRING HILL, FL 34610	TITLE	D	NAME	RHODES, MARCIA	STREET ADDRESS	1869 FLORALTON DRIVE	CITY-ST-ZIP	SPRING HILL, FL 34610	TITLE	DVPS	NAME	EHLERS, HERMANN W	STREET ADDRESS	1869 FLORALTON DRIVE	CITY-ST-ZIP	SPRING HILL, FL 34610	TITLE	D	NAME	PICARD, BARBARA	STREET ADDRESS	1869 FLORALTON DRIVE	CITY-ST-ZIP	BROOKSVILLE, FL 34610	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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<div>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attachment with an address, with all other like empowered.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: center;">4-28-05</div><div style="text-align: right;">727-534-4975</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div></div><div>Date</div><div>Daytime Phone #</div></div>																																																	