2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

May 09, 2006 8:00 am Secretary of State DOCUMENT # P01000011022 05-09-2006 90092 049 ***150.00 1. Entity Name REDLINE CONSTRUCTION, INC. Principal Place of Business Mailing Address 2671 COUNTY RD 220 2671 COUNTY RD 220 MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address 2671 CR 220 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE ma City & State 4. FEI Number Applied For 59-3695875 MIDDLEBUG Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, RONALD R Street Address (P.O. Box Number is Not Acceptable) 2671 COUNTY RD 220 MIDDLEBURG FL 32068 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 Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LITTLE, RONALD R NAME STREET ADDRESS STREET ADDRESS 2671 COUNTY RD 220 CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change _ _ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TIFLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. If 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 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 requirer 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 attachr ent with an address, with all other like empowered

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