2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Feb 19, 2008 08:00 AM Secretary of State DOCUMENT # P01000018833 1. Entity Name CONSTRUCTION CONSULTING ASSOCIATES INC. Principal Place of Business Mailing Address 4508 BERISFORD BLVD. 4508 BERISFORD BLVD. PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEi Number 59-3703476 Not Applicable Zip Country Zip Country \$8.75 Additional П Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESLOOVERE, MURIEL Street Address (P.O. Box Number is Not Acceptable) 1715 W. CLEVELAND ST. TAMPA FL 33606 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 Signature, typed or printed name of registered agent and the Tupphonole, (NOTE: Registered Agent agnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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 10. 11. □ Change ☐ Addition TITLE ☐ Derete TITLE HUMPHREYS, WILLIAM S JR NAME STREET ADDRESS 4508 BERISFORD BLVD. STREET ADDRESS U00000831729 CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP TITLE Derete TITLE NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Darete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Darete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Deiete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE De ete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachnight with address, with all other receivered.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: