2004 FOR PROFIT CORPORATION

May 03, 2004 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P01000020579** 1. Entity Name DALTON BUILDING & REMODELING, INC. Principal Place of Business Mailing Address 100 E. SYBELIA AVENUE 100 E. SYBELIA AVENUE **SUITE 130** SUITE 130 MAITLAND, FL 32751 MAITLAND, FL 32751 CR2E034 (10/03) 04282004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3694115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULLIN, THOMAS DO NOT WRITE 4423 REAL COURT ORLANDO, FL 34808 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DALTON, JAMES STREET ADDRESS 3767 RAMBLING ROSE COURT CITY-ST-ZIP ORLANDO, FL 34808 U00000150764 05/04/04-80019-015 150.00 TITLE NAME MULLIN, THOMAS STREET ADDRESS 4423 REAL COURT CITY-ST-ZIP ORLANDO, FL 34808 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

TITLE MARKE STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

FILED