2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 22, 2006 8:00 am Secretary of State DOCUMENT # P01000026446 08-22-2006 90031 027 ***150.00 J AND J GENERAL CONTRACTOR, INC. Principal Place of Business 3281 LAKE WORTH RD., STE. B LAKE WORTH FL 33461 3281 LAKE WORTH RD., STE. B LAKE WORTH FL 33461 2. Principal Place of Business Mailing Address 3281 Lakeworth Rd 3281 Lake worth Rd 2nd MOORE CR2E034 (4/06) Suite City & State City & State 4. FEI Number Applied For 59-3713107 Not Applicable -aKe \$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 DESIR, PAUL E 3732 CYPRESS LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 30 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change Addition DESIR, PAUL E NAME 3732 CYPRESS LAKE DRIVE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-749 CILY - ST - ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C11Y - ST - 28P ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-ZIP THE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

SIGNING OFFICER OR DIRECTOR

08-09-06 56/ 966-4887

FILED