ANNUAL REPORT FILED DOCUMENT # P01000027676 Jun 01, 2007 08:00 AM 1. Entity Name MAS-CRETE, INC. **Secretary of State** Principal Place of Business Mailing Address 20116 CR 561 20116 CR 561 CLERMONT, FL 34711 CLERMONT, FL 34711 03292007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3704200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGLEY, RICARD H 700 ALMOND ST. DO NOT WRITE CLERMONT, FL 34711 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 Signature, typed or printed name of registered agent and title if applicable. DATE* (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIBLE LUNA, PEDRO B NAME STREET ADDRESS 20116 CR 561 U00000765783 06/04/07-80004-018 150.00 CLERMONT, FL 34711 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DDE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental period 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 champed, or on an attachment with ran appliess, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP MILE NAME STREET ADDRESS CITY-ST-ZIP

MIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Prone P