2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State 02-24-2006 90005 045 ***150.00 DOCUMENT # P01000047617 1. Entity Name SIERRA CONTRACTORS, INC. 40017430 Principal Place of Business Mailing Address 491 31ST NW 491 31ST NW NAPLES, FL 34120 NAPLES, FL 34120 Plover Plover Aue Suite, Apt, #, etc. 02132006 CR2E034 (11/05) 4. FEI Number Applied For 34-1794645 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLNY, LARRY A Street Address (P.O. Box Number is Not Acceptable) 491 31ST NW NAPLES, FL 34120 Plover Aue - Suite 8. The above named entity symmits 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. agent SIGNATURE Signature, types tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Larry A. wolky. 1 3511 Plover Ave Suitelo7 TITLE Delete TITLE (X Change WOLNY LARRY A NAME NAME STREET ADDRESS 491 31ST N.W. STREET ADDRESS Japles, FL 34117 CITY-ST-ZIP NAPLES, FL 34120 CITY-ST-ZIP **Change** TITLE ☐ Delete TITLE Rust: molux ■ Addition WOLNY, RUSTI 3511 Plover Ave Juite 107 NAME NAME STREET ADDRESS 491 31 ST NW STREET ADDRESS CITY-ST-7/P NAPLES, FL 34120 CITY-ST-7IP Naples FL 34117 TITLE ☐ Delete TITLE (X) Change ☐ Addition Larry A. Walny 3511 Plouer Rue Suite 107 NAME WOLNY, LARRY NAME STREET ADDRESS 491 31 ST NW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34120 CITY-ST-ZIP Naples, FL 34117 Change ☐ Delete TITLE TITLE Rusti Walny ■ Addition NAME WOLNY, RUSTI NAME 3511 Plover Aue Suite 107 STREET ADDRESS STREET ADDRESS 491 31 ST NW NAPLES, FL 34120 CITY-ST-ZIP CITY-ST-ZIF Naples, FL 34117 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowers 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 24, 2006 8:00 am