
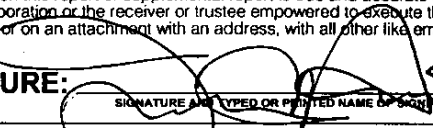


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90033 010 ***150.00

DOCUMENT # P01000051392 1. Entity Name PREPARATION FOR CONSTRUCTION, INC.					
Principal Place of Business 1550 W KING ST COCOA, FL 32926			Mailing Address PO BOX 3187 COCOA, FL 32924		
2. Principal Place of Business - No P.O. Box # 150 N. WILSON AVE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State COCOA FL Zip 32922		City & State Zip		4. FEI Number 59-3750010	
Country USA		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNT, JAMES R 1550 W KING ST COCOA, FL 32926				7. Name and Address of New Registered Agent Name JAMES R HUNT Street Address (P.O. Box Number is Not Acceptable) 150 N. WILSON AVE City COCOA FL Zip Code 32922	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR HUNT, JAMES R 1550 W KING ST COCOA, FL 32926 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	150 N. WILSON AVE COCOA FL 32922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			Date 2/28/08 Daytime Phone 321-632-0284		