2006 FOR PROFIT CORPORATION

Feb 02, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000053298 02-02-2006 90034 022 ***150.00 1. Entity Name MOUNTAINEER CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 3228 COLORADO AVE. 3228 COLORADO AVE. ORLANDO, FL 32826 ORLANDO, FL 32826 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-3728429 Not Applicable Zio Country Zip Country \$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 Name HUFFMAN, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 3228 COLORADO AVE. ORLANDO, FL 32826 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 1- 31.06 DATE .SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HUFFMAN, PHILLIP NAME NAME 3228 COLORADO AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32826 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

12. Thereby 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.

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED