2006 FOR PROFIT CORPORATION ANNUAL REPORT

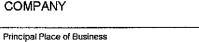
DOCUMENT # P01000069094

1. Entity Name

21522 HOBBY HORSE LANE

CHRISTMAS, FL 32709

MUDRAK ENGINEERING AND CONSTRUCTION COMPANY



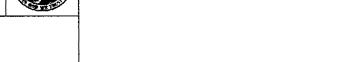
Mailing Address

21522 HOBBY HORSE LANE CHRISTMAS, FL 32709

FILED Jan 09, 2006 08:00 AM Secretary of State

CR2E034 (11/05)

Daytime Phone #



No Chg-P

01042006

DO NOT WRITE IN THIS SPACE

|--|--|

| 4. FEI Number | | Applied For |
|----------------------------------|---|-----------------------------------|
| 59-3731834 | | Not Applicable |
| 5. Certificate of Status Desired | Ø | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MUDRAK, DALE V 21522 HOBBY HORSE LANE CHRISTMAS, FL 32709

DO NOT WRITE 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 | f applicable. (NOTE. Registered | Agent signature | required when reinstating) | DATE |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | cing 🗆 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MUDRAK, DALE V 21522 HOBBY HORSE LANE CHRISTMAS, FL 32709 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS MUDRAK, OMAIRA R 21522 HOBBY HORSE LANE CHRISTMAS, FL 32709 | : | | | HUUUUU380U91 UT710706-80048-014 158.7S |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | DO | NOT WRITE |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | : | | | THIS SPACE |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | |
| | | | | | |
| TITLE NAME | | | | | |
| STREET ADDRESS | | | | | |
| City-St-Zip | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 apcurate 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. | | | | | |