2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P02000004221 1. Entity Name GP MASONRY, INC. Principal Place of Business Mailing Address 6606 WALLIS ROAD 6606 WALLIS ROAD WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 CR2E034 (11/05) 04152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0030470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FEEHRER, ALICE DO NOT WRITE 6606 WALLIS ROAD WEST PALM BEACH, FL 33411 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FEEHRER, ALICE STREET ADDRESS 6606 WALLIS ROAD WEST PALM BEACH, FL 33411 CITY-ST-ZIP U00000726468 05/04/07-80008-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alex Inflamment Park / lice Penney Feehrer 4/18/47 561 689-151

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 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

STREET ADDRESS CITY-ST-ZIP