FILED Mar 01, 2006 8:00 am **Secretary of State**

2006	FOR	PRO	FIT	COR	POR/	ATION
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DOCUMENT # P02000008458 03-01-2006 90006 034 ***150.00 BEGLEY CONCRETE, INC. Principal Place of Business Mailing Address 396 69TH ST. NORTH 396 69TH ST. NORTH CLEARWATER, FL 33764 CLEARWATER, FL 33764 No Chg-P CR2E034 (11/05) 02222006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0014599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent BEGLEY, DANNY DO NOT WRITE 396 69TH ST. NORTH CLEARWATER, FL 33764 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DILE BEGLEY DANNY NAME STREET ADDRESS 396 69TH ST. NORTH CLEARWATER, FL 33764 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 is 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 empower

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #