2006 FOR PROFIT CORPORATION

May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-08-2006 90288 050 ***150.00 DOCUMENT # P02000009747 1. Entity Name REYNAERT CONTRACTING, INC. 40087407 Principal Place of Business Mailing Address 800 W. CYPRESS CREEK RD. 800 W. CYPRESS CREEK RD. SUITE 470 SUITE 470 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 800 W. CYPRESS CREEK RD. 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E034 (11/05) SUITE 465 SUITE 465 City & State City & State 4. FEI Number Applied For FORT LAUDERDALE, FL Not Applicable FORT LAUDERDALE, FL 04-3591083 \$8.75 Additional 5. Certificate of Status Desired 33309 USA 33309 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD. **SUITE 470** FORT LAUDERDALE, FL 33309 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ASST SECR DAST 🔀 Addition TITLE ☐ Delete TITLE Change LEGEL, LARRY NAME NAME 800 W. CYPRESS CREEK RD. #470 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP **DPTS** X Change ☐ Addition TITLE ☐ Delete TITLE REYNAERT, JEROME P.O. BOX 1059 800 W CYPRESS CREEK RD #470 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ALVA, FL 33920 TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

CITY-ST-ZIF

CITY-ST-ZIP

NAME STREET ADDRESS

LARRY CECHEL ASST SECR SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR