2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 10, 2005 8:00 am Secretary of State

Daytime Phone #

NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 TITUS VIDEN Delete THE NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 TITUS VIDEN Delete THE NAME STREET ADDRESS TITUSVILLE, FL 32780 TITUS VILLE, FL 3	DOCUMENT # P02000013748 1. Entity Name BROTHERS CONCRETE SERVICES, INC.						03-10-2005	90164 02	9 ***150).00	
Suite. Apt. #. etc.	Principal Place	Mailing Address									
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Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. A. FEI Number Z6-0033600 Most Applicable For Z6-0033600 Most Applicable Suite Applicab						 	ONICO INGLI ODISI DOSIL ODI			# J	
City & State City & State of Status Desired City & State	2. Principal Place of Business		3. Mailing Address								
Zip Country Zip Country S. Countr	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03052005	Chg-P	CR2E03	14 (10/03)		
S. Certificate of status usering Fee Required VASILOPOULOS, VIRGINIA 4499 ASHLEY DR TITUSVILLE, FL 32780 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 Florids. I am familier with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-S1-2P TITUSVILLE, FL 32780 OFFICERS AND DIRECTORS TITUSVILLE, FL 32780 OFFICERS AND DIRECTORS TITUSVILLE, FL 32780 OFFICERS AND DIRECTORS TITUSVILLE, FL 32780 OR STREET ADDRESS CITY-S1-2P	City & State		City & State					•		•	
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VASILOPOULOS, VIRGINIA 4499 ASHLEY DR FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TITUS VILLE, FL 32780 9- Election Competing Financing	.= -	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New R	egistered A	gent		
Since Address (P. O. Box Number is Not Acceptable) City FL Zip Code			Name								
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature have or gentlant review of monotoned agent and later a subleable. 14-DTE, flag stored Agent algorithms required when numberlay DATE	4499 ASHI	LEY DR	Street Address (P.O. Box Number is Not Acceptable)								
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatus block or prefer formed invaderal agent and block also leaded.	TTTUSVILL	.E, FL 32/00						-			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.											

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR