2008 FOR PROFIT CORPORATION

SIGNATURE:

Mar 28, 2008 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # P02000014602 03-28-2008 90022 007 ***158.75 DDD CONTRACTOR, INC. Principal Place of Business Mailing Address 535 COLLEGE DR. MIDDLEBURG FL 32068 1177 PARK AVE SUITE 5, PMB 110 ORANGE PARK FL 32073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4574 Santa Clara Dr. 1177-5 Kar Ave PMB 110 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 04-3600825)range Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 32077 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAY, LARRY D 1177 PARK AVE., SUITE 5 PMB 110 ORANGE PARK FL 32073 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered as (NOTE: Registrated Agent arginature required when reinstalling) idite e l'amplicacie. FILE NOW!!! FEE:IS \$150.00 \$5.00 May Be 9. Election Campaion Fir:ancing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change □ Addition + Brian Fields -5 Park Ave PMB 110 NAME BRAY, LARRY D NAME 1177 PARK AVE., SUITE 5,PMB 110 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 OUY-ST-ZIP CITY-ST-ZIP TITE F ☐ Daiete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-782 CHY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CHY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-789 TITLE De ete TITLE ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

FILED