2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027388

FILED May 03, 2006 Secretary of State

Entity Nai	me: SUNSHIN	E CONCRETE SERVICES, II	NC.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
16751 OLE FORT MY	D US 41 ERS, FL 33912	2 US	16651 OLE FORT MYE) US 41 ERS, FL 33912	US	
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX ESTERO,	277 FL 339280277	US				
FEI Number:	: 03-0415153	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1425 ROS	DN, RICHARD (ADA WAY ERS, FL 33901		20650 GR	ORTENGREN, TRACY K 20650 GROVELINE CT ESTERO, FL 33928 US		
	named entity se of Florida.	ubmits this statement for the	purpose of changing i	ts registered off	ice or registered agent, or both,	
SIGNATUR	RE: TRACY K	ORTENGREN		05/03/2006		
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () JOHNSTON, RIG 1425 ROSADA FORT MYERS,	WAY	Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	PD () ORTENGREN, T 2650 GROVELII ESTERO, FL 33	NE COURT	Title: Name: Address: City-St-Zip:	PD (X) C ORTENGREN, TR 20650 GROVELIN ESTERO, FL 339	NE COURT	
Title: Name: Address: City-St-Zip:	VD () JOHNSTON, TH 1203 WALDEN FORT MYERS,	DRIVE	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name:	SD () GEIST, TRISH J		Title: Name:	() (Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TRACY K ORTENGREN PD 05/03/2006

FORT MYERS, FL 33919 US

City-St-Zip: