2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 26, 2007 08:00 AM Secretary of State **DOCUMENT # P02000027765** ORBERG CRANE SERVICE INC. Principal Place of Business Mailing Address 32102 STATE RD. 44 32102 STATE RD. 44 EUSTIS, FL 32736 EUSTIS, FL 32736 01112007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 76-0700816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORBERG, DERRICK S DO NOT WRITE 32102 STATE RD. 44 EUSTIS, FL 32736 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 Fiorida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ORBERG, ERIC E NAME STREET ADDRESS 32102 ST. RD. 44 CITY-ST-ZIP EUSTIS, FL 32736 TITLE NAME ORBERG, DERRICK S STREET ADDRESS 32102 STATE RD. 44 CITY-ST-ZIP EUSTIS, FL 32736 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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.

SIGNATURE: RESPONDING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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