2005 FOR PROFIT CORPORATION

SIGNATURE:

Jul 25, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P02000035840** 1. Entity Name 07-25-2005 90107 009 ***150.00 MARQUIS MASONRY, INC. Principal Place of Business Mailing Address 701 US HIGHWAY ONE SUITE 402 852 HARBOUR ISLE PL. NORTH PALM BEACH, FL 33408 PALM BEACH, FL 33410 2. Principal Place of Business 3. Mailing Address 103 WATERBRIDGE LANE 103 WALEBRIDGE LANE Sulte, Apt. #, etc. 07182005 CR2E034 (10/03) Cha-P Ju Piler 4. FEI Number Applied For 33-1000041 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 334*58* PAM BEACK PAUM BEACA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYAN, JAMES H 701 US HIGHWAY ONE SUITE 402 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH, FL 33408 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PDS TITLE TITI F □ Defete Change ☐ Addition namé **GULINO, ANTONIO** NAME 852 HARBOUR ISLE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. PALM BEACH, FL 33410 CITY-ST-71P □ Change ☐ Delete ☐ Addition NAME STREET ADDRESS To whom It may Cancein; CITY-ST-ZIP I did not reciuse the first notice. Because it was sent to TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition The weary addices. and my new address is enclosed on Document# P0200035840. Which is 103 waterbridge. June. Jupiter St. 33458, Hank you, NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information indicated on this report or supplier of the corporation or the receiver because that god, or on an attachment with an address, with all other like empowered. nat the information

OFFICER OR DIRECTOR

FILED