2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P02000059182

Entity Name: C.I.P. STRUCTURAL, INC.

Current Principal Place of Business:

509 RIDGEWOOD ST NW
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

509 RIDGEWOOD ST NW
PORT CHARLOTTE, FL 33952

New Mailing Address:

PO BOX 380145
PORT CHARLOTTE, FL 33938

FEI Number: 04-3670721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINSEL, THOMAS D II
509 RIDGEWOOD ST NW
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: FINSEL, THOMAS D II
Address: 509 RIDGEWOOD ST NW
City-St-Zip: PORT CHARLOTTE, FL 33352

Title: VP ( ) Delete
Name: FINSEL, THOMAS
Address: 1021 STEP ST
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: THOMAS D. FINSEL II PST 03/24/2009

Electronic Signature of Signing Officer or Director — Date