

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000072451

**FILED**  
**Dec 12, 2005**  
**Secretary of State****Entity Name:** DURA-STRESS UNDERGROUND, INC.**Current Principal Place of Business:**11132 COUNTY ROAD 44 E.  
SUITE B  
LEESBURG, FL 34788**New Principal Place of Business:**1686 W. HIBISCUS BLVD  
MELBOURNE, FL 32901**Current Mailing Address:**11132 COUNTY ROAD 44 E.  
SUITE B  
LEESBURG, FL 34788**New Mailing Address:**1686 W. HIBISCUS BLVD  
MELBOURNE, FL 32901**FEI Number:** 51-0415322**FEI Number Applied For** ( )**FEI Number Not Applicable** ( )**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**BEALS, ROBERT L  
730 EAST STRAWBRIDGE AVE.  
SUITE 101  
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**RIEMENSCHNEIDER, MICHAEL R  
1686 W. HIBISCUS BLVD  
MELBOURNE, FL 32901 US

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:** MICHAEL R. RIEMENSCHNEIDER

12/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** FULLER, KENT G  
**Address:** 30320 SPRINGWATER CIR.  
**City-St-Zip:** LEESBURG, FL 34748**Title:** ST (X) Delete  
**Name:** EDWARDS, SCOTT  
**Address:** 5695 MERLIN WAY  
**City-St-Zip:** SAINT CLOUD, FL 34772**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST (X) Change ( ) Addition  
**Name:** EDWARDS, SCOTT  
**Address:** 5695 MERLIN WAY  
**City-St-Zip:** SAINT CLOUD, FL 34772**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** SCOTT EDWARDS

PST

12/12/2005

Electronic Signature of Signing Officer or Director

Date