2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P02000100994 STEVEN DIXON CONSTRUCTION, INC. Principal Place of Business Mailing Address 1138 N.E. 51ST LOOP OCALA FL 34479 1138 N.E. 51ST LOOP **OCALA FL 34479** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 54-2088426 Not Applicable Zıp Country Zιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIXON, STEVEN 1138 N.E. 51ST LOOP Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34479 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, lyned or printed name of registered agent and title r applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE ☐ Defete JIME ☐ Change ☐ Addition DIXON, STEVEN NAMI 1138 N.E. 51ST LOOP U00000727028 STREET ADDRESS STREET, LADDRESS OCALA FL 34479 05/04/07-80032-003 150.00 CITY-ST-ZIP City-S1-7iP THILE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-7IP une ☐ Detete TOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y+S1+7IP CHY-SI-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET LADDOESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP MILL ☐ Defete ITILE ☐ Change ■ Addution NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Defete DILL ☐ Change ☐ Addition

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19. 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 logal effect as if made under eath; 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 attack-mont with an address, with all other like empowered.

NAME

STREET ADDRESS

CHY-SI-ZIP

SIGNATUR

NAMI.

STREET ADDRESS

CITY-S1-7IP