2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122508

Entity Name: MASTER MASONRY, INC.

FILED Jan 15, 2007 Secretary of State

| Littly Na | IIIE. WASTER | WIAGONRT, INC. | | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 5595 NOV ST. CLOU | 'A ROAD D, FL 34771 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 5595 NOV ST. CLOU | 'A ROAD D, FL 34771 | | | | |
| FEI Number | : 36-4513081 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| | NTHONY /EN DRIVE D, FL 34471 | us | | | |
| | named entity s e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () REYES, ANTHO 2424 KILGORE ORLANDO, FL | SUITE 1L #34 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () MEYERS, GERA 5595 NOVA RO ST. CLOUD, FL | AD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S/T () MEYERS, SYLV 1802 FARRIS D ST. CLOUD, FL | RIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY A. REYES P 01/15/2007