SIGNATURE:

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 04, 2004 8:00 am Secretary of State **DOCUMENT # P02000131876** 03-04-2004 90011 025 ***150.00 B & B CONSTRUCTION MGMT. GROUP, INC. Principal Place of Business Mailing Address 10915 BONITA BEACH ROAD, SUITE 1121 10915 BONITA BEACH ROAD, SUITE 1121 94024629 **BONITA SPRINGS, FL 34135** BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address 10951 HARMONY PARK DRIVE 10951 Suite, Apt. #, etc. 01072004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For BONITA SPRINGS 42-1561990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOLOGNESE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 10915 BONITA BEACH ROAD **BONITA SPRINGS, FL** 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change Addition **BOLOGNESE, DANIEL** MARJE MAME STREET ADDRESS 10915 BONITA BEACH ROAD STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34135** CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE TITLE BERGOLLO, HARRY STREET ADDRESS STREET ADDRESS 10915 BONITA BEACH ROAD CITY-ST-ZIP **BONITA SPRINGS, FL 34135** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ΠΤŁΕ ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 of 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 attach treat and address, with all other like empowered.

O OFFICER OR DIRECTOR

FILED