2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02646

FILED Aug 10, 2005 Secretary of State

Entity Name: WARREN CONTRACTORS OF PINELLAS, INC.

Current Principal Place of Business: New Principal Place of Business:

30 N. RING AVENUE, #300 13964 W. HILLSBOROUGH AVE.

TARAPON SPRINGS, FL 34689 TAMPA, FL 33635

Current Mailing Address: New Mailing Address:

30 N. RING AVENUE, #300 13964 W. HILLSBOROUGH AVE.

TAMPA, FL 33635 TARAPON SPRINGS, FL 34689

FEI Number: 38-1900469 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:

CARLESIMO, ONORIO FARHADI, MATT

30 N. RING ÁVENUE, #300 13964 W. HILLSBOROUGH AVE. TARAPON SPRINGS, FL 34689 US TAMPA, FL 33635 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: MATT FARHADI 08/10/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

CARLESIMO, ONORIO FARHADI, MATT Name: Name: 30 N. RING AVENUE, #300 13964 W. HILLSBOROUGH AVE. Address: Address:

City-St-Zip: TARAPON SPRINGS, FL 34689 City-St-Zip: TAMPA, FL 33635

Title: Title: () Delete (X) Change () Addition

Name: CARLESIMO, ANTONIO Name: CERULLO, SALVATORE 30 N. RING AVENUE, #300 13964 W. HILLSBOROUGH AVE. Address: Address:

TARAPON SPRINGS, FL 34689 TAMPA, FL 33635 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition FARHADI, MATT Name: Name:

CERULLO, SALVATORE 30 N. RING AVENUE, #300 13964 W. HILLSBOROUGH AVE. Address: Address:

City-St-Zip: TARAPON SPRINGS, FL 34689 City-St-Zip: TAMPA, FL 33635

Title: () Delete Title: () Change (X) Addition CERULLO, SALVATORE Name: Name:

Address: 13964 W. HILLSBOROUGH AVE.

Address: City-St-Zip:

City-St-Zip: TAMPA, FL 33635

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.

Ρ SIGNATURE: MATT FARHADI 08/10/2005