2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P03000000273** 1. Entity Name 04-24-2006 90464 010 ***150 00 M&A CONSTRUCTION, INC. Mailing Address Principal Place of Business 541879 US HIGHWAY 1 541879 US HIGHWAY 1 CALLAHAN, FL 32011 CALLAHAN, FL 32011 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 27-0040529 Not Applicable Zip Country Country \$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 Name PERRET, MICHAEL E JR. Street Address (P.O. Box Number is Not Acceptable) 615634 RIVER ROAD CALLAHAN, FL 32011 Zip Code City 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRESIDENT & SECRETARY Addition TITLE X Delete TITLE ☐ Change PERRET MICHAEL ELSR. 615634 RIVER ROAD PERRET, ANNE MARIE NAME NAME STREET ADDRESS 615634 RIVER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CALLAHAN, FL 32011 CALIAHAN, FL 32011 B Delete ☐ Change ☐ Addition TITLE TITLE NAME PERRET, MICHAEL E JR. NAME 615634 RIVER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALLAHAN, FL 32011 TTRE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition TITLE TITLE ☐ Channa ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ΠΠF ☐ Delete TILE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. Thereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this report or supplemental 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 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 with all other like empowered.

SIGNATURE: