2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 21, 2005 08:00 AM DOCUMENT # P03000021812 **Secretary of State** EARTHWORK CONSULTING AND CONTRACTING, INC. Principal Place of Business Mailing Address 6424 YVETTE DR. HUDSON FL 34667 6424 YVETTE DR. HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 04-3742706 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ---Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 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 approachs DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00) After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PSTD ☐ Change ☐ Addition me Delete LULE LAUSBERG, AMBÉR L NAME NAME STREET ADDRESS 6424 YVETTE DR. STREET ADDRESS CITY - ST - ZIP HUDSON FL 34667 City-St-ZIP Change ☐ Addition THE ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addillon Delete 3731.5 TITLE U00000237572 NAME NAME 02/21/05-80062-024 158.75 STREET ADDRESS STREET ADDRESS CrtY+St-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition teres Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Addition ☐ Delete EtiLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR

FILED