2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000024771

Entity Name: NICOLA TRANSPORT & EXCAVATING INC.

FILED Aug 03, 2007 Secretary of State

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

413 TRANQUILLE OAKS DR. OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

413 TRANQUILLE OAKS DR. OCOEE, FL 34761

FEI Number: 04-3750683 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:

PARSRAM, KHUBLAL PARSRAM, KHUBLAL PD 413 TRANQILLE OAKS DR. 413 TRANQILLE OAKS DR. OCOEE, FL 34761 OCOEE, FL 34761

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: PARSRAM KHUBLAL 08/03/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PARSRAM, KHUBLAL PARSRAM, KHUBLAL PD Name: Name: 413 TRANQILLE OAKS DR. 413 TRANQILLE OAKS DR. Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

Title: () Delete Title: () Change (X) Addition Name: Name: SEALEY, DAVID K M 413 TRANQILLE OAKS DR Address: Address:

OCOEE, FL 34761 City-St-Zip: City-St-Zip:

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

Name: MATIAS, ATENCIO S Name: 413 TRANQILLE OAKS DR Address Address: City-St-Zip: City-St-Zip: OCOEE, FL 34761

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

JOHN, JOHNSON F Name: Name: Address: Address: 413 TRANQILLE OAKS DR City-St-Zip: City-St-Zip: OCOEE, FL 34761

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

Name: Name: KHUBLAL, NAIMOON N VP Address: Address: 413 TRANQILLE OAKS DR OCOEE, FL 34761 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PARSRAM KHUBLAL PD 08/03/2007