

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039604

FILED
Apr 27, 2009
Secretary of State

Entity Name: INNOVATIVE CONCRETE SOLUTIONS, INC.

Current Principal Place of Business:

311 S. FLORIDA AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341679
TAMPA, FL 33694

New Mailing Address:

FEI Number: 86-1057445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, JEFFREY M
311 S. FLORIDA AVENUE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTOX, JEFFREY A
Address: P.O. BOX 341679
City-St-Zip: TAMPA, FL 33694

Title: D () Delete
Name: DEAN, JEFFREY M
Address: P.O. BOX 341679
City-St-Zip: TAMPA, FL 33694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MATTOX, JEFFREY A CEO
Address: P.O. BOX 341679
City-St-Zip: TAMPA, FL 33694

Title: D (X) Change () Addition
Name: DEAN, JEFFREY M COO
Address: P.O. BOX 341679
City-St-Zip: TAMPA, FL 33694

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: JEFFREY M DEAN

COO

04/27/2009

Electronic Signature of Signing Officer or Director

Date