2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060161

FILED Aug 03, 2007 Secretary of State

| Entity Nai | me: BOLT CC | ONSTRUCTION, INC. | | | | |
|--|--|--|--------------|---|---|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 17465 DUQUESNE RD FT MYERS, FL 33912 | | | | 520 SW PRADO AVE PORT ST LUCIE, FL 34983 | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 17465 DUQUESNE RD FT MYERS, FL 33912 | | | | 520 SW PRADO AVE PORT ST LUCIE, FL 34983 | | |
| FEI Number: | : 30-0179863 | FEI Number Applied For () | FEI Num | nber Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| BOLT, CHERYL 17465 DUQUESNE RD FT MYERS, FL 33912 US | | | | ALL FLORIDA FIRM INC 813 DELTONA BLVD SUITE A DELTONA, FL 32763 US | | |
| | named entity : e of Florida. | submits this statement for the p | urpose of | changing its register | ed office or registered agent, or both, | |
| SIGNATURE: JAMISON MAKR JESSUP | | | | 08/03/2007 | | |
| | Electror | nic Signature of Registered Age | ent | | Date | |
| | | 3(2)(b), F.S., the corporation did not g Trust Fund Contribution(). | t receive th | ne prior notice. | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | D () BOLT, WILLIAM 17465 DUQUES FT MYERS, FL | SNE RD | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (X WILCOX, MIKE 17465 DUQUES FT MYERS, FL | SNE RD | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () WILCOX, CHRI 17465 DUQUES FT MYERS, FL | SNE RD | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: WILLIAM T BOLT D 08/03/2007