2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2005
Secretary of State

DOCUMENT# P03000091277

Entity Name: RINALDI CONSTRUCTION, INC.

Current Principal Place of Business:

107 WEST EFFIE STREET
ARCADIA, FL 34266

New Principal Place of Business:

5293 NE MASTERS AVENUE
ARCADIA, FL 34266

Current Mailing Address:

107 WEST EFFIE STREET
ARCADIA, FL 34266

New Mailing Address:

5293 NE MASTERS AVENUE
ARCADIA, FL 34266

FEI Number: 20-0174286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SICA, VINCENT A
10 SOUTH DESOTO AVENUE SUITE 101
ARCADIA, FL 34266 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RINALDI, WILLIAM
Address: 107 WEST EFFIE STREET
City-St-Zip: ARCADIA, FL 34266

Title: STD ( ) Delete
Name: RINALDI, KIM
Address: 107 WEST EFFIE STREET
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RINALDI, WILLIAM
Address: 5293 NE MASTERS AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: STD (X) Change ( ) Addition
Name: RINALDI, KIM
Address: 5293 NE MASTERS AVENUE
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIM RINALDI STD 05/15/2005

Electronic Signature of Signing Officer or Director — Date