## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_\_

## FILED Jan 14, 2008 8:00 am Secretary of State

1-11-08 305-453-1819

Daytime Phone #

Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mile THROUGH THROU	DOCUMENT # P03000103832  1. Entity Name BUZ WISEMAN CRANE SERVICE INC.										01	-14-20	08 90	104 02	25 ***15	0.00
Suite. Aptl. #, etc.    Suite. Aptl. #, etc.   Clay & State   Applied For   Nat Applicable   S4-2127349   Nat Applicable   Nat Applicable   S4-2127349   Nat Applicable   Nat Applicable   S4-2127349   N	101851 OVERSEAS HIGHWAY				101851 OVERSEAS HIGHWAY			,	4				III <b>stis</b> l III	BII <b>78</b> 132 II	<b>                                      </b>	
City & State   Cay & State   Cay & State   Cay & State   A_EPIBER State   A_EPIBER FOR   Applied For   Not Applicable   S4-2127349   S5-275 Applicable   S4-2127349   S5-275 Applicable   S4-2127349   S6-2127349   S6-21	Principal Place of Business - No P.O. Box #     3. Mailing Address															
September   Sept	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				0.	1052008	(	Chg-P		CR2E0	34 (12/06)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Norm Lyn WESHAM  208 TIDE AVENUE  TAVERNIER, FL 33070  8. The above named entity submis this statement for the purpose of changing its registered office or registered agent. The billioglations of registered agent. Signal Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 33070  8. The above named entity submis his statement for the purpose of changing its registered office or registered agent. The billions of registered agent. Signal Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 33070  8. The above named entity submis his statement for the purpose of changing its registered office or registered agent. Signal Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 33070  8. The above named entity submis his statement for the purpose of changing its registered office or registered agent. Signal Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 33070  8. The above named entity submis his statement for the purpose of changing its registered office or registered agent. Signal Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 33070  8. The above named entity submis his statement for the purpose of changing its registered office or registered agent. Signal Address (P.O. Box Number is Not Acceptable)  THE NoWILL FEE IS \$150,00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Commission in the state of Profess And Diffectors in the State of Profess And Diff	City & State			City	City & State			·	4.			9				
Name Lynn WSEINAN   Sheet Address (P.O. Box Number is Not Acceptable)	Zip	Country						y 5. Certi				tus Desir	ed			
Street Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 33070  Street Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 33070  Street Address (P.O. Box Number is Not Acceptable)  TAVERNIER, FL 29262633  8. The above named entity submits this statement for the purpose of changing its registered office or registeled agend both, in the State of Florida. I am familiar with, and accept the obligations of registery its agent who the acceptable agent both, in the State of Florida. I am familiar with, and accept the obligations of registery its agent who take a statement for the purpose of changing its registered office or registeled agend both, in the State of Florida. I am familiar with, and accept the obligations of registery its agent who take a statement for the purpose of changing its registered office or registeled agend both, in the State of Florida. I am familiar with, and accept the obligation of registery its agent who take a statement for the purpose of changing its registered office or registeled agend both, in the State of Florida. I am familiar with, and accept the statement of the purpose of changing its registered office or registeled agend both, in the State of Florida. I am familiar with, and accept the statement of the purpose of changing its registered office or registeled agend both, in the State of Florida. I am familiar with, and accept the statement of the statement of the purpose of registered agend both, in the State of Florida. I am an elicities of change in the statement of the purpose of the purpose		6. Name	and Address of Curren	t Register	ed Agent		<b>N</b> 1		7.	Name an	d Addr	ess of No	w Regi	stered /	Agent	
Street Address (P.O. Box Number is Not Acceptable)    Colvent   Co	HOROWIT	7 FDNAI	М				Name	LAN	N	WYS	EM	11/				
2. The above named entity submits this statement for the purpose of changing its registered office or registed a gand or both, in the State of Florida. I am familiar with, and accept the obligations of registerity agent.  SIGNATURE	208 TIDE AVENUE						Street A	Street Address (P.O. Box Number is Not Acceptable)								
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### Signature. Noted or pfliced name of registered apper and late of accordate.  ### CNOTE: Registered Apper signature required.  ### Added to Fees    10.	the obligati	ions of regist	ered agent.	Ι.				4.	١	d .	-	7		10	1	
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