2004 FOR PROFIT CORPORATION **AMENDED ANNUAL REPORT**

ATURE AND TYPED OR PRINTED NAME OF

DOCUMENT # P03000111179 OL MAY 26 PM 4: 48 1. Entity Name SALTWOOD CONTRACTING, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1430 PANAMA DRIVE 1430 PANAMA DRIVE PALM BAY, FL 32909 PALM BAY, FL 32909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (10/03) 03132003 Applied For 4. FEI Number City & State City & State 20-0292292 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARTER, ARTHUR E Street Address (P.O. Box Number is Not Acceptable) 1430 PANAMA DRIVE PALM BAY, FL 32909 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. DPST * 400037570404 ☐ Addition TITLE ☐ Delete TITLE NATE ADDRESS CARTER, ARTHUR E NAME 06/02/04--01020--004 **61.25 STREET ADDRESS 1430 PANAMA DRIVE CITY-ST-ZIP PALM BAY, FL 32909 CITY-ST-ZIP IS+ UP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Palm Bay FL 32909 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE vaughn. Kelly H. NAME NAME 1651 Manzanita street STREET ADDRESS STREET ADDRESS CITY: ST; ZIP CITY-ST-ZIP Palm-Bay--FL Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment w an addres , with all other like empowered thur E. Car SIGNATURE:

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