2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000111930

Entity Name: STEVE HENNEN'S CONSTRUCTION SERVICES INC.

FILED Aug 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

484 HOMER AVE. LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

P.O. BOX 124 APOPKA, FL 32704

FEI Number: 56-2403588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENNEN, STEVEN B

104 YELLOW PINE DR

ROTONDA WEST, FL 33947 US

HENNEN, SHAWN C
2513 EMERALD TREE LANE
APOPKA, FL 32712 US

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: SHAWN C. HENNEN 08/30/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: HENNEN, STEVEN B Name: HENNEN, SHAWN C

Address: 104 YELLOW PINE DR

 Address:
 104 YELLOW PINE DR
 Address:
 2513 EMERALD TREE LANE

 City-St-Zip:
 ROTONDA WEST, FL 33947
 City-St-Zip:
 APOPKA, FL 32712

Title: VP () Delete Title: VP (X) Change () Addition Name: HENNEN, SHAWN C Name: TERRY, DENVER L JR

Address: 2513 EMERALD TREE LN Address: 1159 GOLF POINT LOOP City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: SEC () Delete Title: () Change () Addition

 Name:
 HENNEN, JERÉMY S
 Name:

 Address:
 1159 GOLF POINT LOOP
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:

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: SHAWN C. HENNEN P 08/30/2005