2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 17, 2006 08:00 AM **DOCUMENT # P03000113665 Secretary of State** 1. Entity Name SOUTH WEST SITE WORK, INC. Principal Place of Business Mailing Address 5131 CAMUS ST. 5131 CAMUS ST. SARASOTA, FL 34232 SARASOTA, FL 34232 %F,/,,--/221F& 01102006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0301813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FEDERICO, VICTORIA DO NOT WRITE 5131 CAMUS ST. SARASOTA, FL 34232 IN THIS SPACE 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 H00000389524 Trust Fund Contribution. Added to Fees 01/20/06-80049-005 150.00 OFFICERS AND DIRECTORS 10. DILE D FEDERICO, VICTORIA NAME STREET ADDRESS 5131 CAMUS ST. CITY-\$T-ZIP SARASOTA, FL 34232 TITLE HAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addless, with all other like empowered. 1000 SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR

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