2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119626

Entity Name: BARRINGER CONSTRUCTION, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1901 SAXON DRIVE 550 WAYNE AVENUE

NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address: New Mailing Address:

P.O.BOX 2787

NEW SMYRNA BEACH, FL 32170 US

FEI Number: 59-2858520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BARRINGER, RONALD E BARRINGER, LUKE 1901 SAXON DRIVE 550 WAYNE AVENUE

NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32168 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: LUKE BARRINGER 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BARRINGER, RONALD E
 Name:
 BARRINGER, LUKE

 Address:
 1901 SAXON DRIVE
 Address:
 550 WAYNE AVENUE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: BARRINGER, LUKE Name: BARRINGER, ADAM
Address: 731 LAUREL BAY CIRCLE Address: 550 WAYNE AVENUE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: 2VP (X) Delete Title: () Change () Addition

Name: BARRINGER, ADAM R Name:

 Address:
 737 LAUREL BAY CIRCLE
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32169 US
 City-St-Zip:

Title: S/T (X) Delete Title: () Change () Addition

 Name:
 BARRINGER, MARY E
 Name:

 Address:
 1901 SAXON DRIVE
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32169 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUKE BARRINGER P 04/27/2007