2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # P03000127293 1. Entity Name YAHOO CONSTRUCTION INC. Principal Place of Business Mailing Address 5321 ASHMEADE ROAD 5321 ASHMEADE ROAD ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 55-0850933 Not Applicable Ζıρ Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCMAHON, DAVID V Street Address (P.O. Box Number is Not Acceptable) 5321 ASHMEADE ROAD ORLANDO FL 32810 Zip Code City 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 Sonature, typed or printed harve of registered agent and tills. Papplicable. DATE STOTE: Registered Agent ergonture required when reinstating? FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change Addition TITLE NAME MCMAHON, DAVID NAME STREET ADDRESS 5321 ASHMEADE ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS -013 158**.**75 CITY-ST-7IP CITY-ST-ZIP Addition TILLE Derete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change Addition TITLE Derete NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Deiete TITLE NAME памг STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Change TITLE Defete TITLE Addition NAME NELAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 oath, that I am an officer or director of the corporation or the receiver or trustee employmental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it also and the production of the corporation or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: Javid V. Mc Mallers Owner-President 4-23-08 407-929-2290

if changed, or on an attachment with an address, with all other like empowered