2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 10, 2007 08:00 AM **DOCUMENT # P03000128153 Secretary of State** 1. Entity Name TIM WILLIAMS GRADING, INC. Mailing Address Principal Place of Business 3975 GLASSMAN ROAD 3975 GLASSMAN ROAD ST. CLOUD, FL 34772 ST. CLOUD, FL 34772 CR2E034 (11/05) 05092007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0346476 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required --6. Name and Address of Current Registered Agent WILLIAMS, TIMOTHY J DO NOT WRITE 3975 GLASSMAN ROAD ST. CLOUD, FL 34772 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS **PRES** TITLE NAME WILLIAMS, TIMOTHY J STREET ADDRESS 3975 GLASSMAN ROAD U00000763321 05/30/07-80004-010 150.00 CITY-ST-ZIP ST. CLOUD, FL 34769 SHAR TITLE COMISKEY, SCOTT M NAME 3278COUNTRY SIDE VIEW DRIVE STREET ADORESS CITY-ST-ZIP ST. CLOU7D, FL 34772 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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 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 with an address, with all other like empowered.

CICNATUDE. Jim William

NAME STREET ADDRESS CITY-ST-ZIP

5/9/07 407-908-8545