2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 8:00 am Secretary of State DOCUMENT # P03000130010 02-21-2008 90029 010 ***150 00 K & J CONCRETE DRIVEWAYS, INC. Principal Place of Business Mailing Address 400000 4575 46TH AVENUE NORTH 4575 46TH AVENUE NORTH ST PETERSBURG, FL 33714 ST PETERSBURG, FL 33714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 11-3707695 Not Applicable Country \$8.75.Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALL FLORIDA FIRM, INC. Street Address (P.O. Box Number is Not Acceptable) 813 DELTONA BLVD, SUITE A DELTONA, FL 32725 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. FeB. 18, 2008 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P.S TITLE ☐ Delete TITLE ☐ Change Addition NAME RADWAN, KAMIL NAME 4575 46TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33714 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Defete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

FeB. 18, 2008 (727) 525-3036

FILED