2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM DOCUMENT # P03000130835 **Secretary of State** D.A. HOEFFER CONSTRUCTION, INC. Mailing Address Principal Place of Business **5381 CLEVELAND ROAD** 5381 CLEVELAND ROAD DELRAY BEACH, F: 33484 DELRAY BEACH, F: 33484 No Chg-P CR2E034 (11/05) 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0957081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 lamiliar with, and accept the obligations of registered agent. Signature: typesi or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May De FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000474870 Trust Fund Contribution. Added to Fees 04/04/06-80039-025 150.00 10. OFFICERS AND DIRECTORS TITLE HOEFFER, DAVID A MANE STREET ADDRESS 5381 CLEVELAND ROAD DELRAY BEACH, F; 33484 City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE NAME STREET ACCRESS CHY-ST-ZIP NAME 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 suppliertential report is true and eccurate 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

de DA Hoffen

03/15/06 561-499-618

FILED

Daylima Phone &