2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOGUMENT # P03000133225 Jan 29, 2007 08:00 AM **Secretary of State** 1. Entity Name ACE CONCRETE SPECIALISTS INC. Principal Place of Business Mailing Address 10167 HAYWARD ROAD SPRING HILL FL 34608 10167 HAYWARD ROAD SPRING HILL FL 34608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt #, ctc 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 38-3692585 Not Applicable Zip Country Zip 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 Namo BOSIVERT, LEE W 10167 HAYWARD ROAD Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34608 Zip Code FL 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 accepthe obligations of registered agent. SIGNATURE. impropule typod or presuo name of registered agent and title i applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B. After May 1, 2007 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 11. ñ HH Het Change Addisor ☐ Delete BOISVERT, LEE W NAME NAME U00000609838 10167 HAYWARD ROAD SHILL LADORESS STREET ADDRESS 02/01/07-80066-011 150.00 SPRING HILL FL 34608 CHY SE 702 CUY ST 7P D 11114 ☐ Defete Ittle ☐ Change ALLESS BOISVERT, KEVIN JR. NAME 6201 WAYCROFT DRIVE STRUET ADDRESS SIRELL ADORESS SPRING HILL FL 34606 CITY ST-7IP CITY ST ZIP Addin. ☐ Delete HILE ☐ Change 11111 NAME STRULL ADDRESS SHEET ADDRESS CITY ST ZIP GHY ST ZIP ☐ Change MILE Delete 11111 NAM MAAN SHALL ADDRESS SIND LADDRESS CSY SI-7IP CITY St /It' 11111 Defete HIH ☐ Chause ☐ Addica NAM NAME STREET ADDRESS SHIFT ADDRESS CHY-St-70 CHY-SL /(P Addition mr Delete HIII ☐ Change NAME NAM SIREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST 7P

12. I hereby 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 direction of the corporation or the receiver or trusted empower of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address. The all other like empowered.

SIGNATURE:

ENATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 3526500382