2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 23, 2008 08:00 A Secretary of State DOCUMENT # P03000135743 1. Entity Name TIM DAVIS PLASTERING, INC. Principal Place of Business Mailing Address 20701 DICKERSON RD 20701 DICKERSON RD FOUNTAIN, FL 32438 FOUNTAIN, FL 32438 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2419622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, DONNA DO NOT WRITE 20701 DICKERSON RD FOUNTAIN, FL 32438 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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignsture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DAVIS, TIM 20701 DICKERSON RD STREET ADDRESS U00000791628 01/23/08-80083-014 150.00 FOUNTAIN, FL 32438 CITY-ST-ZIP TITLE NAME DAVIS, DONNA STREET ADDRESS 20701 DICKERSON RD CITY-ST-ZIP FOUNTAIN, FL 32438 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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.

CICMATUDE.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1-18.08