2006 FOR PROFIT CORPORATION

Apr 21, 2006 8:00 am Secretary of State ANNUAL REPORT 04-21-2006 90110 007 ***150 00 DOCUMENT # P03000140688 1. Entity Name LADA CONSTRUCTION, INC. 40026110 Principal Place of Business Mailing Address 1815 W. BLACKHAWK COURT 1815 W. BLACKHAWK COURT CITRUS SPRINGS, FL 34434 CITRUS SPRINGS, FL 34434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 58-2677469 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 LADA, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 1815 W. BLACKHAWK COURT CITRUS SPRINGS, FL 34434 W. Andromodos 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 signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE Lada, Steven P. 1875 W. Andromedue st LADA, STEVEN P NAME NAME STREET ADDRESS 1815 W. BLACKHAWK COURT STREET ADDRESS CITRUS SPRINGS, FL 34434 CITY-ST-ZIP CITY-ST-ZIP Citrus Springs Fl 34434 ☐ Delete TITLE Change ☐ Addition TITLE Lada, Paul M NAME LADA, PAUL M NAME 1875 W. Andromedae St 1815 W. BLACKHAWK COURT STREET ADDRESS STREET ADDRESS CITRUS SPRINGS, FL 34434 CITY-ST-ZIP CiTY-S1-ZIP CHOUS SON MS F134434 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THILE ☐ Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED