2008 FOR PROFIT CORPORATION

May 02, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2008 90152 001 ***150.00 DOCUMENT # P03000150361 1. Entity Name B & K DIRT DAUBERS, INC. 40094050 Principal Place of Business Mailing Address 7965 DIAMOND C CIR 7965 DIAMOND C CIR ST CLOUD, FL 34771 ST CLOUD, FL 34771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 51-0492930 Not Applicable Country.... Country \$8.75 Additional 5. Certificate of Status Desired 34771-9039 34771-9039 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUZYNSKI, KENNETH Street Address (P.O. Box Number is Not Acceptable) 7965 DIAMOND C CIR ST CLOUD, FL 34771 City *3*4774-9039 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 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ■ Addition MUZYNSKI, KENNETH NAME NAME 7965 DIAMOND C CIR STREET ADDRESS STREET ADDRESS 34771-9039 ST CLOUD, FL 34771 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MUZYNSKI, CAROL NAME STREET ADDRESS 7965 DIAMOND C CIR STREET ADDRESS ST CLOUD, FL 34771 34771-9039 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 artificial with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

DED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

☐ Change

☐ Addition