2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 09, 2006 08:00 AN DOCUMENT # P03000153401 Secretary of State RICH CONSTRUCTION GROUP, INCORPORATED Principal Place of Business Mailing Address 18041 S.W. 89 COURT 18041 S.W. 89 COURT PALMETTO BAY, FL 33157 PALMETTO BAY, FL 33157 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0643505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINSON, RAYMOND L DO NOT WRITE ROBINSON & ASSOCIATES, P.A. 1501 VENERA AVE., SUITE 300 IN THIS SPACE CORAL GABLES, FL 33146 3. 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 reinstasing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME RICH, LARS H STREET ADDRESS 18041 S.W. 89 COURT U00000425957 02/20/06-80024-007 150.00 CITY-ST-ZIP PALMETTO BAY, FL 33157 TITLE NAME RICH, TERESA K 18041 S.W. 89 COURT STREET ADDRESS CITY-ST-ZIP PALMETTO BAY, FL 33157 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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 chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS City-ST-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3052568863

Daytime Phone #