2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P03000154489

Entity Name: ADVANCED WRAPPING AND CONCRETE SOLUTIONS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3435 RAVENCREEK LANE
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

3435 RAVENCREEK LANE
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 35-2221300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARPITTI, JOHN M
3435 RAVENCREEK LANE
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCARPITTI, JOHN
Address: 3435 RAVENCREEK LANE
City-St-Zip: OVIEDO, FL 32766

Title: V ( ) Delete
Name: SCARPITTI, MARY E
Address: 3435 RAVENCREEK LANE
City-St-Zip: OVIEDO, FL 32766

Title: ST ( ) Delete
Name: OAKMAN, JULIE A
Address: 3410 RAVENCREEK LANE
City-St-Zip: OVIEDO, FL 32766

Title: VP ( ) Delete
Name: OAKMAN, BRIAN
Address: 3435 RAVENCREEK LANE
City-St-Zip: OVIEDO, FL 32766

Title: T ( ) Delete
Name: SCARPITTI, DAVID
Address: 1676 SLAGH PINE PLACE
City-St-Zip: OVIEDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SCARPITTI, DAVID
Address: 1676 SLASH PINE PLACE
City-St-Zip: OVIEDO, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. SCARPITTI P 01/16/2009

Electronic Signature of Signing Officer or Director — Date