2006 FOR PROFIT CORPORATION - ANNUAL REPORT

Jan 20, 2006 08:00 AM DOCUMENT # P03000157397 **Secretary of State** 1. Entity Name RESTORATION CONCRETE INC. Mailing Address Principal Place of Business 3370 SE EAST SNOW ROAD 3370 SE EAST SNOW ROAD PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34984 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0543682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROMANO, KENNETH J DO NOT WRITE 3370 SE EAST SNOW ROAD PORT ST. LUCIE, FL 34984 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ROMANO, KENNETH J STREET ADDRESS 3370 SE EAST SNOW ROAD CITY+ST-709 PORT ST. LUCIE, FL 34984 TITLE U00000392810 01/24/06-80096-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 tike impowered.

SIGNATURE. TEM

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ING OFFICER OR DIRECTOR

) 1/11/06 7º

FILED

772-340-1370

Daytime Phone #