2007 FOR PROFIT CORPORATION - ANNUAL REPORT

Aug 23, 2007 08:00 AN Secretary of State DOCUMENT # P04000000425 1. Entity Name SQUEAK'S CONSTRUCTION, INC. Principal Place of Business Mailing Address 1020 SOUTH GOODMAN ROAD 1020 SOUTH GOODMAN ROAD KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 07062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2137548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUGENSTEIN, ALAN DO NOT WRITE 1020 SOUTH GOODMAN ROAD KISSIMMEE, FL 34747 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 U00000772692 SIGNATURE. 88/23/87-80935-014 150.00 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. Р TITLE AUGENSTEIN, ALAN NAME STREET ADDRESS 1020 SOUTH GOODMAN ROAD KISSIMMEE, FL 34747 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-718 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions configured 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.

.....

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8/18/2007 321-624-1282

FILED