2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P04000019008

Entity Name: BENNETT SURVEYING + MAPPING, INC.

Current Principal Place of Business:

439 SOUTHEAST PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

493 SE NOME DRIVE.
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

439 SOUTHEAST PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984

New Mailing Address:

493 SE NOME DRIVE.
PORT SAINT LUCIE, FL 34984

FEI Number: 52-2439952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD ( ) Delete
Name: BENNETT, ANNA
Address: 439 SOUTHEAST PORT SAINT LUCIE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VD ( ) Delete
Name: BENNETT, WILLIAM
Address: 439 SOUTHEAST PORT SAINT LUCIE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: BENNETT, ANNA
Address: 493 SE NOME DRIVE.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VD (X) Change ( ) Addition
Name: BENNETT, WILLIAM
Address: 493 SE NOME DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

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: ANNA BENNETT PSTD 04/30/2007

Electronic Signature of Signing Officer or Director — Date