2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036048

BLAIR, THOMAS A

P O BOX 1670 @ 54025 JEANNIE ROAD

CALLAHAN, FL 320111670 US

Name:

Address: City-St-Zip:

Entity Name: LIVINGSTON SPECIALTY CONSTRUCTION, INC.

FILED May 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1636 BROOME STREET FERNANDINA BEACH, FL 32034 US **Current Mailing Address: New Mailing Address:** PO BOX 16271 - 1636 BROOME STREET FERNANDINA BEACH, FL 320353122 US FEI Number: 20-0726190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIVINGSTON, JOHN M 1636 BROOME STREET FERNANDINA BEACH, FL 320356271 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LIVINGSTON, JOHN M Name: Name: PO BOX 16271 - 1636 BROOME STREET Address: Address: City-St-Zip: FERNANDINA BEACH, FL 320353122 US City-St-Zip: Title: DV Title: () Delete () Change () Addition LIVINGSTON, EDGAR N Name: Name: 3663 SOUTH FLETCHER DRIVE Address: Address: FERNANDINA BEACH, FL 32034 US City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN MICHAEL LIVINGSTON DPT 05/12/2008