2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000041433

Address:

City-St-Zip:

FILED Aug 04, 2005 Secretary of State

| Entity Na | me: MATTHE | W HUBBARD CONSTRUCTI | ON CORP. | | | |
|---------------------------------------------|-------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------|----------------------------------------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| POST OFFICE BOX 595 CARREBELLE, FL 32322 | | | 64 17TH APALACH | 64 17TH APALACHCOLA, FL 32320 | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| | FICE BOX 595 ELLE, FL 3232 | | | | | |
| FEI Number | : 90-0149618 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| 64 17TH S | D, MATTHEW STREET IICOLA, FL 32 | 320 US | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing i | ts registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | | |
| | Electro | nic Signature of Registered Ac | jent | | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | HUBBARD, MA P. O. BOX 166 TALLAHASSEE | 07 E, FL 32317 | Title: Name: Address: City-St-Zip: | P HUBBARD, I P. O. BOX 5 CARRABELI | 95 LE, FL 32322 | |
| Title: Name: Address: City-St-Zip: | V (HUBBARD, BL 463 SQUIRRE NEWTON, AL | L DR. | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | D HADDAD, E PO BOX 599 CARRABELI | | |
| Title: Name: Address: | (|) Delete | Title: Name: Address: | SEC ROBISON, I 64 17TH S | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address: City-St-Zip:

APALACHCOLA, FL 32320

SIGNATURE: MATTHEW HUBBARD Ρ 08/04/2005