2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 07, 2006 8:00 am Secretary of State DOCUMENT # P04000050663 09-07-2006 90015 040 ***150.00 1. Entity Name WALLACE CONCRETE, INC. Principal Place of Business Mailing Address 1060 3RD ST., APT. 6 1060 3RD ST., APT. 6 DAYTONA BCH, FL 32117 DAYTONA BCH, FL 32117 2. Principal Place of Business 08 La Costa LN. 08 LaCosta Suite, Apt. #, etc. Apt. 6// 08312006 Chg-P CR2E034 (11/05) Applied For City & State Beach, Fl. 4. FEI Number 02-0721553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32114 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wallace, Marvi WALLACE, MARVIN Street Address (P.O. Box Number is Not Acceptable) 1060 3RD ST., APT. 6 LaCosta DAYTONA BCH, FL 32117 Zip Code 3 2 11 4 Daytona Beach 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 08-30-06 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Wallace, MARUIN PTD TITLE ☐ Delete MRE Change NAME WALLACE, MARVIN NAME 108 La Costa LN. Apt. 611 1060 3RD ST., APT. 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH, FL 32117 CITY-ST-ZIP Daytona Beach, Fl. 32114 ☐ Delete TITLE IIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-71P THE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. I hereby certify that the information supplied with this litting 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 chapter 607 and attackment with an address, with all other like empowered.

08-30-2006 (386) 274-5072 SIGNATURE: OFFICER OR DIRECTOR