2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074422

Entity Name: STRAIGHT EDGE CONCRETE SERVICES, INC.

FILED Apr 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3727 SARASOTA CT 1012 QUINTILIAN AVE ORLANDO, FL 32812 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

3123 SURFSIDE WAY
ORLANDO, FL 32805

1012 QUINTILIAN AVE
ORLANDO, FL 32809

FEI Number: 20-1851381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABEL, BARTON W
3727 SARASOTA CT
ORLANDO, FL 32812 US

ABEL, BARTON W
1012 QUINTILIAN AVE
ORLANDO, FL 32809 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: BARTON W ABEL 04/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ABEL, BARTON W
 Name:
 ABEL, BARTON W

 Address:
 3727 SARASOTA CT
 Address:
 1012 QUINTILIAN AVE

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32809

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 FEAVEL, CHÂD M
 Name:
 ABEL, KRISTEL L

 Address:
 1905 PERSHING AVE
 Address:
 1012 QUINTILIAN AVE

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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: BARTON W ABEL P 04/03/2006