2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000082836 05-02-2006 90428 004 ***150.00 1. Entity Name K & Y CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 40080286 4122 VISTA LAGO CIRCLE 4122 VISTA LAGO CIRCLE #201 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 3. Mailing Address 2. Principal Place of Business 2484 Circle Huron Horon 2484 Suite, Apt. #, etc. 04282006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Kissi mmee 20-1163001 Not Applicable hissimmee Country Zip Country \$8.75 Additional 5. Certificate of Status Desired んらん Fee Required 34746 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGOS DIAZ, YAHAIRA M Street Address (P.O. Box Number is Not Acceptable) 4122 VISTA LAGO CIRCLE #201 KISSIMMEE, FL 34741 City Zip Code 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ■ Change Addition □ Delete TITLE Burgos Diaz, Yahaira 2484 Huron Circle BURGOS DIAZ, YAHAIRA M NAME NAME STREET ADDRESS 4122 VISTA LAGO CIRCLE #201 STREET ADDRESS KISSIMMEE, FL 34741 CITY-ST-ZIP Kissimmee, FL 34746 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #