2006 FOR PROFIT CORPORATION

Apr 19, 2006 8:00 am Secretary of State ANNUAL REPORT 04-19-2006 90101 013 ***150 00 **DOCUMENT # P04000121087** BRIAN SULLIVAN CONTRACTOR, INC. Principal Place of Business Mailing Address 1211 CR 621 E 1211 CR 621 E LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business 3. Mailing Address 13 W Royal Palm Avenue 13 W Royal Palm Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03302006 Applied For 4. FEI Number City & State City & State Lake Placid, FL Lake Placid, FL 20-2485877 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 33852 33852 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NIELANDER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 172 E. INTERLAKE BOULEVARD LAKE PLACID, FL 33852 Zip Code City 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) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition D TITLE TITLE T Delete SULLIVAN, BRIAN NAME NAME STREET ADDRESS STREET ADDRESS 1211 CR 621 E LAKE PLACID, FL 33852 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition **DPST** Delete TITLE **DPST** TITLE Brian Sullivan SULLIVAN, BRIAN NAME NAME 13 W Royal Palm Avenue Lake Placid, FL 33852 STREET ADDRESS STREET ADDRESS 1211 CR 621 E CITY-ST-7IP CITY-ST-ZIP LAKE PLACID, FL 33852 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #