2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 13, 2006 08:00 AM DOCUMENT # P04000127664 **Secretary of State** 1. Entity Name EIFS CONSTRUCTION, INC. Principal Place of Business Mailing Address 6110 PEMBROKE ROAD 6110 PEMBROKE ROAD MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-1721029 Not Applicable Zio Country Country Ziα \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EBER, ROBERT C 10761 S. W. 104 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 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 at registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tū. 11. TITLE ☐ Delete 1(7) E Change ☐ Addition U00000464426 RUBLE, LANCE \$ NAME NAME 03/21/06-80115-020 150.00 STREET ADDRESS STREET ADDRESS 6110 PEMBROKE ROAD CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE Tate NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THILE ☐ Delete TATLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 City-St-Zip Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-70 ☐ Change BILLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 or an attachment with an address, with all other like empowered.

FILED