

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137179

FILED
Apr 30, 2007
Secretary of State

Entity Name: ON THE LEVEL CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

1020 SAVAGE CT.
LONGWOOD, FL 32750

New Principal Place of Business:

285 NATIONAL PL
137
LONGWOOD, FL 32750

Current Mailing Address:

1020 SAVAGE CT.
LONGWOOD, FL 32750

New Mailing Address:

285 NATIONAL PL.
137
LONGWOOD, FL 32750

FEI Number: 20-1895981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALISTER, LAURA L
1020 SAVAGE CT.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

MCALISTER, LAURA L
285 NATIONAL PL
137
LONGWOOD, FL 32750 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MCALISTER, LAURA L
Address: 450 S. MEANDER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: MCALISTER, KIRK L
Address: 450 S. MEANDER DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TR () Delete
Name: MCALISTER, JOHN W
Address: 450 S. MEANDER DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC () Delete
Name: MCALISTER, WILLIAM C
Address: 450 S. MEANDER DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MCALISTER, LAURA L
Address: 1249 BENT OAK TR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change () Addition
Name: MCALISTER, KIRK L
Address: 1249 BENT OAK TR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TR (X) Change () Addition
Name: MCALISTER, JOHN W
Address: 1249 BENT OAK TR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC (X) Change () Addition
Name: MCALISTER, WILLIAM C
Address: 1249 BENT OAK TR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify 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: KIRK L MCALISTER

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date