2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P05000003606** 04-05-2006 90146 036 ***150.00 B & B FRAMING AND CONSTRUCTION, INC. Principal Place of Business Mailing Address 66013770 1561 28TH STREET N.W. P.O. BOX 1848 WINTER HAVEN, FL 33881-2035 US EAGLE LAKE, FL 33839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 CR2E034 (11/05) City & State City & State 4. FEI Number 20 - 2122079 Applied For Not Applicable Zip Country Zio Country \$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 BELTRAN, BALTAZAR 1561 28TH STREET N.W. Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33881-2035 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 Baltazar 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Delete TITLE ☐ Change ☐ Addition BELTRAN, BALTAZAR NAME NALE STREET ADDRESS 1561 28TH STREET N.W. STREET ADDRESS WINTER HAVEN, FL 338812035 CITY-ST-78 0107-51-70 TITLE Delete IMLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP the Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-27P CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition MALUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Detete mas ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MILE ☐ Delete IME ☐ Change ☐ Addition NUL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SE-71P 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 early; 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 chapter 607, an attachment with an address, with all other like empowered. SIGNATURE: X Boltazay Tellyan TED NAME OF SEGNING OFFICER OR BRECTOR 3-18-06

FILED