2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007
Secretary of State

DOCUMENT# P05000015962

Entity Name: KASH EXCAVATING, INC.

Current Principal Place of Business:

9281 SOUTHAMPTON PLACE
BOCA RATON, FL 33434 US

New Principal Place of Business:

313 SW TWIG AVE
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

9281 SOUTHAMPTON PLACE
BOCA RATON, FL 33434 US

New Mailing Address:

313 SW TWIG AVE.
PORT ST. LUCIE, FL 34983 US

FEI Number: 20-2258175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLLEN, CHERYL
9281 SOUTHAMPTON PLACE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

BOLLEN, CHERYL
313 SW TWIG AVE.
PORT ST. LUCIE, FL 34983 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: 05/18/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: BOLLEN, JAY
Address: 9281 SOUTHAMPTON PLACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: DP ( ) Delete
Name: BOLLEN, CHERYL
Address: 9281 SOUTHAMPTON PLACE
City-St-Zip: BOCA RATON, FL 33434 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: BOLLEN, JAY
Address: 313 SW TWIG AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: DP (X) Change ( ) Addition
Name: BOLLEN, CHERYL
Address: 313 SW TWIG AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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: CHERYL BOLLEN DP 05/18/2007
Electronic Signature of Signing Officer or Director — Date