2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P05000031818

Entity Name: BIZZI CONSTRUCTION INC.

Current Principal Place of Business:

382 SE DALVA AVE.
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

318 SW TOMOKA SPRINGS DR.
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

382 SE DALVA AVE.
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

318 SW TOMOKA SPRINGS DR
PORT ST. LUCIE, FL 34986 US

FEI Number: 20-2424906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IZOR, BRIAN S
382 SE DALVA
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

IZOR, BRIAN S
318 SW TOMOKA SPRING DR
PORT ST LUCIE, FL 34986 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: 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: IZOR, BRIAN
Address: 382 SE DALVA
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: VP ( ) Delete
Name: PEASO, ANDREW M
Address: 382 SE DALVA
City-St-Zip: PORT ST LUCIE, FL 34984 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IZOR, BRIAN
Address: 318 SW TOMOKA SPRINGS DR
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VP (X) Change ( ) Addition
Name: PEASO, ANDREW M
Address: 318 SW TOMOKA SPRINGS DR
City-St-Zip: PORT ST LUCIE, FL 34986 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: BRAIN IZOR PD 04/29/2009
Electronic Signature of Signing Officer or Director — Date