2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Aug 28, 2007 08:00 AM DOCUMENT # P05000032632 Secretary of State WOLF CONTRACTING & CONCRETE, INC. Principal Place of Business Mailing Address 8255 SHAW ROAD 8255 SHAW ROAD BROOKSVILLE, FL 34602 BROOKSVILLE, FL 34602 US CR2E034 (11/05) 08132007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2935789 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WOLF, KARL 8255 SHAW ROAD BROOKSVILLE, FL 34602 IN THIS SPACE 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 of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

08/29/07-80008-003 150.00

U00000772892

Applied For

Not Applicable

OFFICERS AND DIRECTORS 10. TITLE WOLF, KARL NAME 8255 SHAW ROAD STREET ADDRESS BROOKSVILLE, FL 34602 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 oath; that I am an officer or director of the corporation or the receiver or trustes impowered 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 on an attachment with an age

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP