2006 FOR PROFIT CORPORATION

Mar 27, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-27-2006 90240 005 ***150.00 DOCUMENT # P05000036261 VLAD CONSTRUCTION INC. 4UPT Principal Place of Business Mailing Address 3038 EASTLAND BLVD 3038 EASTLAND BLVD #209 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Address 4851 GLENBURNE DR SAME Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 CR2E034 (11/05) 4. FEI Number 2461963 City & State Applied For City & State SPRING Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VLADIMIR MALSKY MALSKY, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 3038 EASTLAND BLVD #209 CLEARWATER, FL 33761 4851 GLENBURNE 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 the obligations of registered agent V- WOULS K.f. Signature, typed or printed name of registred agent and title if applicable. REGISTERED A-GENT (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Change Addition TITLE MALSKY, VLADIMIR NAME NAME 4851 GENBURNE DR. STREET ADDRESS 3038 EASTLAND BLVD, #209 STREET ADDRESS CLEARWATER, FL. 33761 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL , FL 34609 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME

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 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 changed, or on an attachment with an address, with all other like empowered. VLADIMIR MALSKY

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTIPS NAME OF SIGNING OFFICER

STREET ADDRESS

CITY-ST-ZIP

FILED