2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P05000060649** 04-30-2007 90423 033 ***150.00 KEVIN SCRIBNER CONSTRUCTION, INC. Principal Place of Business Mailing Address 1182 MARKET CIRCLE P.O. BOX 494485 PORT CHARLOTTE, FL 33949 US PORT CHARLOTTE, FL 33948 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E034 (12/06) Cho-F City & State City & State 4. FEI Number Applied For 20-2736341 Not Applicable Country Zip 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 Name SCRIBNER, KEVIN K Street Address (P.O. Box Number is Not Acceptable) 4127 JAMES STREET **SUITE #12** PORT CHARLOTTE, FL 33952 City Zip Code FL 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 title if approace. CHOIE. Registered Agent aignature required when renstatings DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCRIBNER, KEVIN K NAME NAME STREET ADDRESS 4127 JAMES STREET, SUITE #12 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY ST ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Detete ☐ Addition THILE TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied ental 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.

FILED