2006 FOR PROFIT CORPORATION

Feb 23, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P05000065329** 02-02-2006 90068 002 ***150.00 ENGLISH CABLE CONSTRUCTION, CORP. Principal Place of Business Mailing Address REUUZKOS 3319 SE 17TH PLACE 3319 SE 17TH PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E034 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGLISH, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 3319 SE 17TH PLACE CAPE CORAL, FL 33904 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE Delete TITLE ☐ Change ☐ Addition ENGLISH, MICHAEL G NAME NAME 3319 SE 17TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition MILE □-Delate tar NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Oelete MILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Dalete TITLE

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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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: Michael Cylinh	1-28-08	239-549-0526
BIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR	Date	Daytine Phone #