2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED

Apr 16, 2008 08:00 Al Secretary of State DOCUMENT # P05000077128 ADVANCED PAVING SYSTEMS, INC. Principal Place of Business Mailing Address 6681 SW 13TH STREET 6681 SW 13TH STREET OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 No Chg-P 04122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2938139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DONALDSON, ERIC DO NOT WRITE 6681 SW 13TH ST OKEECHOBEE, FL 34974 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **U0000009005**09 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/29/08-80030-025 150.00 10. OFFICERS AND DIRECTORS CEOC TITLE NAME DONALDSON, ERIC STREET ADDRESS **6681 SW 13TH STREET** CITY-SI-ZIP OKEECHOBEE, FL 34974 PCOO TITLE COBB, JOSEPH A NAME STREET ADDRESS 2013 SE 30TH STREET CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-SI-7IP

Eric Donaldson

4-12-08

<u>863 357 6200</u>