changed or on an attendment with an address

SIGNATURE: \(\times \)

APPRUVE AND FILED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 JUL 10 PM 2: 39 **DOCUMENT # P05000086230** SECRETARY OF STATE 1. Entity Name TALLAHASSEE, FLORIDA AB TRUCKING & DEMOLITION INC. Mailing Address Principal Place of Business 2308 ESPANA REAL 2308 ESPANA REAL 4/18/26 90076 049 150-00 WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-P CR2E034 (11/05) Applied For 4. 用 Number City & State City & State 3003554 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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 famillar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, lyped or printed name of registered agent and little If applicable. (NOTE: Registered Agent signature required when retreating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIU FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Tuthill Vice President TITLE D ☐ Delete TITLE Change JACKSON, GALE NAME MALK 2308 ESPANA REAL STREET ADDRESS STREET ADDRESS PH 33415 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH, FL 33415 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deteta TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Delete TITLE ↑ Chance ☐ Addition NAME MARKE STREET ADDRESS STHEET ADDRESS CITY-SY-2IP CITY-ST-ZIP Change TITLE ☐ Octobe TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP () Change Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this fitting does not qualify for the examptions 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

ING OFFICER OR DIRECTOR

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