2006 FOR PROFIT CORPORATION

Apr 19, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000093435** 04-19-2006 90110 018 ***150.00 **GUIDA & PRIEDE CONSTRUCTION, INC.** Principal Place of Business Mailing Address 9243 BRINDLEWOOD DRIVE 9243 BRINDLEWOOD DRIVE 50013883 ODESSA, FL "33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182006 CR2E034 (11/05) Chg-P City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUIDA, FRANK K** Street Address (P.O. Box Number is Not Acceptable) 9243 BRINDLEWOOD DRIVE ODESSA, FL 33556 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. A STATE OF THE STA SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 143 Pul 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME GUIDA, FRANK K NAME STREET ADDRESS 9243 BRINDLEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ■ Addition GUIDA, BRANDY S. NAME NAME STREET ADDRESS 9243 BRINDLEWOOD DRIVE STREET ADDRESS CITY-ST-78P ODESSA, FL 33556 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition PRIEDE, NELSON J NAME STREET ADDRESS 3606 LITTLE ROAD STREET ADDRESS CITY-ST-ZIP **LUTZ, FL 33548** CITY-ST-ZIP TITLE ☐ Detete MLE ☐ Change ☐ Addition PRIEDE, CAROLE S NAME NAME STREET ADDRESS 3606 LITTLE ROAD STREET ADDRESS CITY-ST-ZIP **LUTZ, FL 33548** CITY-ST-ZIP ☐ Delete TM.E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change MALE STREET ADDRESS STREET ADDRESS

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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.

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CITY-ST-ZIP

Frank K. (Suida (Pra.) 4/19/06 813-245-113