


**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P05000120068

1. Entity Name  
JDA CONCRETE, INC.



Principal Place of Business	Mailing Address
12396 WILMINGTON BLVD PORT CHARLOTTE, FL 33981 US	12396 WILMINGTON BLVD PORT CHARLOTTE, FL 33981 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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[illegible]

07172006 Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
20-3379903		Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKER, MICHAEL L 5702 CLARK ROAD SARASOTA, FL 34233		Name ANDERSON, JEFFREY	
		Street Address (P.O. Box Number is Not Acceptable)	
		12396 WILMINGTON BLVD	
		City PORT CHARLOTTE	FL 33981

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 Jeffrey Anderson JEFFREY ANDERSON 9/5/06  
(NOTE: Registered Agent signature required when reinstating) DATE


<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>Due by September 6, 2006</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees</p>	<p>In accordance with s. 607.193(2)(b), F.S., the          corporation did not receive the prior notice.</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ANDERSON, JEFFREY 12396 WILMINGTON BLVD PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

JERREY ANDERSON 322

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **JEFFREY ANDERSON** 732-  
PRES. 9/5/06 779-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #