2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2007 8:00 am Secretary of State

05-18-2007 90029 017 ***150.00 DOCUMENT # P05000126229 WEILER CONSTRUCTION, INC. 40116511 Principal Place of Business Mailing Address 2400 NOVUS ST 2400 NOVUS ST SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1750 Fruitville Road 1750 Fruitville Ron Suite, Apt. #, etc. Suite, Apt. #, etc. 05152007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State, Sarasotz 20-3508887 Not Applicable Saras ota 34240 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEILER, WALTER **E** Street Address (P.O. Box Number is Not Acceptable) 2400 NOVUS ST SARASOTA, FL 34237 Sarasok Zip Code 34240 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 -15-07 SIGNATURE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ■ Addition RITLE ☐ Delete TITLE weiler, walter WEILER, WALTER NAME NAME 7750 Fruitville Road STREET ADDRESS 2400 NOVUS ST STREET ADDRESS Sgrasola, 82 34240 CITY-S!-ZIP SARASOTA, FL 34237 CHTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Defete 1016 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

Daytime Phone #