2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 23, 2006
Secretary of State

DOCUMENT# P05000131246

Entity Name: RESIDENTIAL CONTRACTING CORP.

Current Principal Place of Business:

2011 SW 20TH PLACE
SUITE 103
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2011 SW 20TH PLACE
SUITE 103
OCALA, FL 34474

New Mailing Address:

FEI Number: 30-0340331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESSARY, RODGER
2011 SW 20TH PLACE
SUITE 103
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ESSARY, RODGER PRES
Address: 2011 SW 20TH PLACE, SUITE 103
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: OGLESGY, ROBERT J
Address: 2011 SW 20TH PLACE, SUITE 103
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: TAYLOR, TED
Address: 5700 NW 135TH AVE
City-St-Zip: MORRISTON, FL 32668

Title: TRES ( ) Delete
Name: ST. VINCENT, DAVID J CONTROL
Address: 2011 SW 20TH PLACE, SUITE 103
City-St-Zip: OCALA, FL 34474

Title: SEC ( ) Delete
Name: LOECHELT, SARA
Address: 2011 SW 20TH PLACE, SUITE 103
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SLIMM, JON D
Address: 9121 SE 142ND PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J ST. VINCENT TRES 05/23/2006

Electronic Signature of Signing Officer or Director — Date