2006 FOR PROFIT CORPORATION

Feb 27, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P05000134578** 02-27-2006 90054 015 ***150.00 1. Entity Name RUN-IT CONSTRUCTION INC. Principal Place of Business Mailing Address 40018562 2891 E WACO DRIVE 2891 E WACO DRIVE DELTONA, FL 32738 DELTONA, FL 32738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 CR2E034 (11/05) Cho-P City & State 4. FEI Number 84 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2891 E WACO DRIVE DELTONA, FL 32738 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** Delete TITLE TITLE ☐ Change □ Addition NAME RYAN, WILLIAM NAME 2891 E WACO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA FL 32738 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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