2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153901

Entity Name: SHIRAZ CONSTRUCTION, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2233 NW 41 ST STREET 3436 SW 42 AVE SUITE 700K UNIT 25

GAINESVILLE, FL 32606 GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

P.O.BOX 142395 5709 SW 18TH ST

GAINESVILLE, FL 32614 GAINESVILLE, FL 32608

FEI Number: 65-1264929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIRAZIAN, SEYED G
2233 NW 41 ST STREET
SUITE 700K
SHIRAZIAN, SEYED G
5709 SW 18TH ST
GAINESVILLE, FL 32608 US

SUITE 700K GAINESVILLE, FL 32608 U GAINESVILLE, FL 32606 US

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: S SHIRAZIAN 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 SHIRAZIAN, SEYED G
 Name:
 SHIRAZIAN, SEYED G

 Address:
 2811 SW ARCHER ROAD APT K94
 Address:
 5709 SW 18TH ST

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: () Delete Title: VP () Change (X) Addition

 Name:
 SADIGHI, MARZIEH

 Address:
 Address:
 570 SW 18TH ST

 City-St-Zip:
 City-St-Zip:
 GAIENSVILLE, FL 32608

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 SHIRAZIAN, EAMAN

 Address:
 Address:
 5709 SW 18TH ST

 City-St-Zip:
 City-St-Zip:
 GAIENSVILLE, FL 32608

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 SHIRAZIAN, SEYED E

 Address:
 Address:
 5709 SW 18TH ST

 City-St-Zip:
 City-St-Zip:
 GAIENSVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify 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: S SHIRAZIAN PD 04/28/2008