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| (Re | equestor's Name) | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

anti of Correction

COVER LETTER

| TO: Amendment Section Division of Corporations | • | | |
|---|--|--|--|
| SUBJECT: ACCURATE DEMOLITION INC. (Name of Corporation) | | | |
| DOCUMENT NUMBER: P 05000 16350 3 | | | |
| The enclosed Articles of Correction and fee | are submitted for filing. | | |
| Please return all correspondence concerning | g this matter to the following: | | |
| ROSE RUCK (Name of Contact Person) | | | |
| Accurate DemoLition (Firm/Company) | i, INC. | | |
| 226 NE 18th STRE | | | |
| CAPE CORAL, FL (City/State and Zip Code) | 33909 | | |
| For further information concerning this matter, please call: | | | |
| ROSE RUCK | at (a 3 9) 3 40 - 0 7 5 9 (Area Code & Daytime Telephone Number) | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | | |
| X \$35.00 Filing Fee | \$43.75 Filing Fee & Certificate of Status | | |
| \$43.75 Filing Fee & Certified Copy | \$52.50 Filing Fee, Certificate of Status & Certified Copy | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF CORRECTION 2006 JAN 13 PM 3: 22

for

| ACCURATE DEMOLITION INC. Name of Corporation as currently filed with the Florida Dept, of State | |
|--|--|
| Name of Corporation as currently filed with the Florida Dept. of State | |
| P 05 00 0 / 63 50 3 Document Number (if known) | |
| Document Number (if known) | ţ |
| | |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document by | this corporation files |
| · | - |
| These articles of correction correct ARTICLES OF WCORPE (Document Type Being Corrected) | d) |
| filed with the Department of State on 12-16-05 (File Date of Document) | |
| (File Date of Document) | - . |
| Specify the inaccuracy, incorrect statement, or defect: | |
| REGISTERED AGENT IS INCORNECT. | · · · · · · · · · · · · · · · · · · · |
| DEFICERS ARE INCORRECT. | |
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| | |
| Correct the inaccuracy, incorrect statement, or defect: | |
| REGISTERED AGENT 13: ROSE RUCK | 226 NE 18th ST |
| | |
| CAPECORAL, FL 33909 | |
| | (a retronder) |
| P/VP/S/T IS: ROSE RUCK, 226 NE 18 | th street, |
| CAPE CORAL, FL 3390 | 99 |
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| 1 Knodunk | - |
| (Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, o | <u> </u> |
| other court appointed fiduciary, by that fiduciary.) | |
| | |
| ROSE RUCK | RESIDENT |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00