2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000015954

FILED Jun 29, 2007 Secretary of State

Entity Name: MAD DOG CONSTRUCTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 38122 INWOODS TRAIL EUSTIS, FL 32736 US **Current Mailing Address: New Mailing Address:** 38122 INWOODS TRAIL EUSTIS, FL 32736 FEI Number: 20-1494559 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: HUMPHREYS, WILLIAM 38122 INWOODS TRAIL EUSTIS, FL 32736 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HUMPHREYS, WILLIAM Name: Name: 38122 INWOODS TRAIL Address: Address: EUSTIS, FL 32736 US City-St-Zip: City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition HUMPHREYS, JEANNIE Name: Name: STEARNS, MIKE 38122 INWOODS TRIAL 38122 INWOODS TRIAL Address: Address: EUSTIS, FL 32736 US EUSTIS, FL 32736 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition OD () Delete Title: OD STEARNS, MIKE BERCZY, STEVEN Name: Name: 38122 INWOODS TRAIL 38122 INWOODS TRAIL Address: Address: City-St-Zip: EUSTIS, FL 32736 US City-St-Zip: EUSTIS, FL 32736 US Title: OD (X) Delete Title: () Change () Addition BERCZY, STEVEN Name: Name: Address: 38122 INWOODS TRAIL Address: City-St-Zip: EUSTIS, FL 32736 US City-St-Zip:

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: WILLIAM HUMPHREYS PD 06/29/2007