2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 16, 2007 8:00 am Secretary of State DOCUMENT # P06000017347 05-16-2007 90024 024 ***150.00 JABAS CONSTRUCTION INC. Principal Place of Business Mailing Address 865 KILLARNEY DRIVE SEBRING FL 33875 865 KILLARNEY DRIVE SEBRING FL 33875 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JABAS, CHARLES R 865 KILLARNEY DRIVE Street Address (P.O. Box Number is Not Acceptable) SEBRING, FL FL 33875 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. heri reiristating) (NOTE: FILE NOW!!! FEE!IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILLE ☐ Delete TITLE □ Change Addition JABAS, CHARLES R 865 KILLARNEY DRIVE STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CHY-SI-ZIP CITY - ST - ZIP THUE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY ST-74P CITY-ST 7IP Delete HHE HHE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-7IP TIPLE ☐ Defete ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C11Y - ST - ZIP TITLE Delete THE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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