2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P06000019987 04-27-2007 90232 015 ***158.75 RENAISSANCE CONSTRUCTION ENTERPRISES, INC. Principal Place of Business Mailing Address 204 CYNTHIA LANE 204 CYNTHIA LANE INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 💫 Suite, Apt. #, etc. 04242007 CR2E034 (12/06) 4. FEI Number 0768448 City & State City & State Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 204 CYNTHIA LANE INDIAN HARBOUR BEACH, FL 32937 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F TEN F Defete ☐ Change ☐ Addition BUSH, MICHAEL NAME NAME 204 CYNTHIA LANE STREET ADDRESS STREET ADORESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CTY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition BUSH, KRYSTYNA NAME NAME STREET ADDRESS 204 CYNTHIA LANE STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BUSH, PATRICK R NAME MARKET STREET ADDRESS 204 CYNTHIA LANE STREET ADDRESS INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE Change Addition ... NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-74P

SIGNATURE:

12. I hereby certify that the information supplied with this filling 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.

MICHAEL BUSH 4/24/07 /32/693-1317

FILED