2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P06000108840** 04-16-2007 90048 021 ***150 00 CHINKY'S CONCRETE PUMPING INC. Principal Place of Business Mailing Address AUUDIN 6950 PATSY DR. 6950 PATSY DR. FORT MYERS, FL 33905 FORT MYERS, FL 33905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 41-2214442 Not Applicable Zip Country Country Zip \$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 Name SMITH, MICHAEL W JR. Street Address (P.O. Box Number is Not Acceptable) 6950 PATSY DR. FORT MYERS, FL 33905 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE nt and title il applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PRES** ☐ Delete TITLE ☐ Change ☐ Addition TITLE SMITH, MICHAEL W JR NAME NAME STREET ADDRESS 6950 PATSY DR. STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-7IP MILE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, ALISON G NAME NAME STREET ADDRESS 6950 PATSY DR. STREET ADDRESS FORT MYERS, FL 33905 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoyered.

4-10-07

FILED