2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 08:00 AN Secretary of State DOCUMENT # P060001/11873 1. Entity Name CROWN CONSTRUCTION OF BREVARD, INC. Principal Place of Business Mailing Address 2681 BRADFORDT DRIVE 2681 BRADFORDT DRIVE WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 02062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0784872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MORMILE, DOMINIC 2681 BRADFORDT DRIVE WEST MELBOURNE, FL 32904 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Required Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10 U00000834437 02/28/08-80045-008 150.00 TITLE MORMILE, DOMINIC NAME STREET ADDRESS 2681 BRADFORDT DRIVE WEST MELBOURNE, FL 32904 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TATLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE THE STREET ADDRESS CITY-ST-ZIP

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 calln; 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.

SIGNATURE: \(\)

IMLE NAME STREET ADDRESS City-S1-ZiP

NAME STREET ADDRESS CITY-ST-ZIP

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