

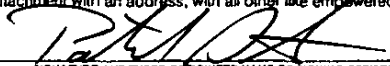


**8/6/2007-90032-040-\$158.75-\$158.75**

<b>DOCUMENT #P06000120075</b>						<b>FILED</b> 07 SEP 24 PM 4: 10  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
1. Entity Name <b>LAY IT DOWN CONSTRUCTION, INC.</b>							
Principal Place of Business <b>5209 SHIRLEY AVE JACKSONVILLE, FL 32210 US</b>				Mailing Address <b>5209 SHIRLEY AVE JACKSONVILLE, FL 32210 US</b>			
2. Principal Place of Business - No P.O. Box # 				3. Mailing Address 			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State 				City & State 			
Zip 		Country 		Zip 		Country 	
4. FEI Number <b>20-5562282</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CARROLL, TRAVIS 5209 SHIRLEY AVE JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> <span style="float: right;">DATE _____</span>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PST CARROLL, TRAVIS	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	5209 SHIRLEY AVE.		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP				
TITLE NAME	VP DIETER, PATRICK	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	5209 SHIRLEY AVE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing 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.							
SIGNATURE: 				DATE: <b>09/21/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # _____			