2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

Pincipal Place of Business - No P.O. Box # 3. Maing Address 1311 NW 4.3 STREET 1311 NW 4.	DOCUMENT # P06000141840 1. Entity Name YORK CONSTRUCTION CO. FL						04-16-200	7 90089	031 ***15	58.75	
2. Principal Place of Business - No P.O. Box # 3. Making Address Suite Apt. 4, etc. O2092007 Chg-P CR2E034 (12/06) Coy & State Suite Apt. 4, etc. O2092007 Chg-P CR2E034 (12/06) Coy & State Specific Application Specific Applicati	Principal Place of Business Mailing Address				·		_				
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EGAN, FRANK 1311 N.W. 43 STREET OAKLAND PARK, FL 33309 City FL Zip Code The obligations of registered agent, or both, in the State of Riode. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD. GRAN, FRANK SIREL ADDRESS CITY-SLIP OAKLAND PARK, FL 33309 Details INAME SIREL ADDRESS CITY-SLIP OAKLAND PARK, FL 33309 TUSE OAKLAND PARK, FL 33309		6. Name and Address of Current	Registered Agent	,	İ	7. Name and	Address of New F	Registered			
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name				- 		
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Septiate from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the florida. I am familiar with, and accept the purpose of the florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of florida. I am familiar with, and accept the purpose of floridation	1311 N.W. 43 STREET				Street Address (P.O. Box Number is Not Acceptable)						
B. 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 Sprillure, freeh or owner name of registered agent and bit / subscribes. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 111. ITILE NAME EGAN, FRANK SIREL ADDRESS CITY-S1-2P ITILE NAME SIREL ADDRESS CITY-S1-2P	ÇARDAND	77 ANN, 1 E 00000									
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12, thereby certify that the information supplied with this blind does not qualify for the exemptions contained in Chapter 119. Fiorida Statutes, I turner certify that the information	lormation										

indicated on this report or suppremental report is true and accurate and that my signature shall have the same legal effect as it 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 yith an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

04-13-07 Date

954914-2966