2007 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P06000147336** 05-02-2007 90050 006 ***158.75 ONCALL CONSTRUCTION RELATED SERVICES, INC. Principal Place of Business Mailing Address 3511 W. COMMERCIAL BEVD., SUITE 203 3511 W. COMMERCIAL BLVD., SUITE 203 FT. LAUDERDALE, FL 33309 -FT-LAUDERDALE; FL=33309-2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 16494 Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable LAUDERDALE Zip Country \$8.75 Additional 5. Certificate of Status Desired 33/8 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **REID. SHARON A** 5573 PACIFIC BLVD., SUITE 3503 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON, FL 33433** 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) 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 Fe 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MÆ Defete ☐ Change ☐ Addition REID, SHARON A NAME NAME STREET ADDRESS 5573 PACIFIC BLVD.; SUITE 3503 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-7IP MIE ☐ Delete TITLE Change ☐ Addition NAME JONES, KEISHA 5573 PACIFIC BLVD., SUITE 3503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete FITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C1TY-ST-71P CITY-ST-ZIP ITILE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 il changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR P

FILED May 02, 2007 8:00 am Secretary of State

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000147336 1. Entity Name ONCALL CONSTRUCTION RELATED SERVICES, INC.					ATTACHMENT			
	e of Business AMERCIAL BLVD., SUITE 203 VALE, FL 33309	Mailing Address						
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address			4009-	7521		
Suite, Apt.	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12/06))	
City & State	9	City & State FZ LAUDERDALE FL		4. FEI Numb 56 - 2	62590		Applied For Not Applicable	
Zip	Country	Zip 33318	Country		of Status Desired	\$8.75 Ac		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New F	Registered Agent	·	
	ARON A IFIC BLVD., SUITE 3503 ION, FL 33433	· ·	Name Street Addre	ess (P.O. Box Numb	er is Not Acceptabl	e)		
			City			FL Zip Co	de	
the obligati	named entity submits this statement in ions of registered agent. Signature, typed or printed name of registered agent.		ts registered office or reg		th, in the State of Fi	orida. I am familiar with	a, and accept	
	E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	P SUADON A	Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	REID, SHARON A 5573 PACIFIC BLVD., SUITE 3	503	NAME STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-S1-ZIP					
THLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KEISHA 5573 PACIFIC BLVD., SUITE 39 BOCA RATON, FL 33433	Delete	IIILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Octob	NELLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chango	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
HITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby c indicated of the corp changed,		th this filing does not qualificative and accurate and that cowered to exocute this repowered to the empowere with all older like empowere		ined in Chapter 118 the same legal effec 607, Florida Statute	9. Florida Statutes. I ct as if made under es; and that my nam	lurther certify that the cath; that I am an office appears in Block 10 of Devime Phone #	information er or director or Block 11 if	