


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90099 021 ***150.00

DOCUMENT # P06000148235	
1. Entity Name IGD CONTRACTING, INC.	

Principal Place of Business 9857 OLD ST. AUGUSTINE ROAD SUITE 5 JACKSONVILLE, FL 32257 US	Mailing Address 9857 OLD ST. AUGUSTINE ROAD SUITE 5 JACKSONVILLE, FL 32257 US
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40075899



2. Principal Place of Business - No P.O. Box # 9803 Old St. Augustine Rd	3. Mailing Address 9803 Old St. Augustine Rd
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1

04162008 Chg-P CR2E034 (12/06)

City & State	Country	Zip	Country

4. FEI Number 20-5998346	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HASSAN, ANDREW M 9857 OLD ST. AUGUSTINE ROAD 5 JACKSONVILLE, FL 32257	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HASSAN, ANDREW M		NAME	
STREET ADDRESS 2908 INDIAN HILL DRIVE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32257		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Marc Mated El Hassan		NAME	
STREET ADDRESS 9803 Old St. Augustine Rd, Suite 1		STREET ADDRESS	
CITY-ST-ZIP Jacksonville, FL 32257		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Derek O'Leary		NAME	
STREET ADDRESS 9803 Old St. Augustine Rd, Suite 1		STREET ADDRESS	
CITY-ST-ZIP Jacksonville, FL 32257		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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: Marc Mated El Hassan **4/16/08** **704.580.4681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #