2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

| DOCUMENT # P0700030678 1. Entity Name MONAGHAN'S DEMOLITION AND DIVING INC. | | | | | | | 90363 025 ***15 | |
|---|--|----------------------------------|-----------|--|-------------------------------|------------------------------------|--------------------------------|---------------|
| Principal Place of Business Mailing Address | | | | | 7 | | | |
| 26 WISTERIA DRIVE | | 26 WISTERIA DRIVE | | | 2.37 | | | |
| ORMOND BEACH, FL 32176 | | ORMOND BEACH, FL 32176 | | | •• | | | |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04232008 | Chg-P | CR2E034 (12/06) | | |
| City & State | | City & State | | 4. FEI Numbe | | I Ar | plied For | |
| City & State | | Only di State | | | | 644987 | | ot Applicable |
| Zip | Zip Country Z | | Country | | | of Status Desired | . 🖂 \$8.75 .Add | |
| | | | | | | | Fee Require | d |
| 6. Name and Address of Current Registered Agent | | | | Name | /. Name and | Address of New Re | egistered Agent | |
| MONAGH | AN, PATRICK | | | | | | | |
| 26 WISTERIA DRIVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ORMOND BEACH, FL 32176 | | | | | | | | |
| | | | City | | | Zip Cod | | |
| | | | | City | | | FL Zip Cod | е |
| 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) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Market Fund Contribution. | | | | | | | | |
| 10. | | | 11. | | ADDITIONS/ | CHANGES TO OFFI | CERS AND DIRECTOR | |
| TITLE NAME | | | TITLE | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | · | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32176 | | CITY- | ST-ZIP | | | | |
| TITLE | D Delete TIT | | TITLE | | | | ☐ Change | Addition |
| NAME | A. 20 | | NAME | • | | | | |
| STREET ADDRESS CITY-ST-ZIP | 26 WISTERIA DRIVE | | | ET ADDRESS - ST - ZIP | | | | |
| TITLE | | | TITLE | | | | Change | Addition |
| NAME | N. N. | | NAME | | | | L Vitalige | |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | |
| CITY+ST-ZIP | | <u></u> | CITY- | - ST - ZIP | | | | |
| TITLE | | | TITLE | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAME | ET ADDRESS | | | | |
| CITY-ST-ZiP | • | | | ST-ZIP | | | | |
| TITLE | ☐ Delete TITL | | TITLE | | ** | | Change | Addition |
| NAME | . NA | | NAME | | | | _ | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | ┩ | - ST - ZIP | | | | Tare. |
| TITLE NAME | | ☐ Delete | TITLE | | | | Change | Addition |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY- | ·ST-ZIP | | | | |
| 12 Lhoroby | certify that the information supplied with | this filing does not qualify for | r the eye | emptions contains | ed in Chanter 119 | Florida Statutes L | further certify that the in | oformation |

2. Thereby certify that the information supplied with this limited does not equily for the exemptions contained in Chapter 119; nords statutes. Forther certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; 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:

Patrich Moraghan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2008

(386) 441 4865

Daytime Phone #