2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P07000067818

Entity Name: PERSONALIZED CONCRETE SOLUTIONS INC.

Current Principal Place of Business:

5623 US HIGHWAY 19
SUITE 201
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

9631 DENTON AVE.
SUITE 14
HUDSON, FL 34667

Current Mailing Address:

11046 LAKEVIEW DRIVE
NEW PORT RICHEY, FL 34654

New Mailing Address:

9631 DENTON AVE.
SUITE 14
HUDSON, FL 34667

FEI Number: 26-0332134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIEBE, CRAIG P
11046 LAKEVIEW DRIVE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAKER, MICHAEL T JR.
Address: 5 CHINKAPIN CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

Title: V ( ) Delete
Name: FIEBE, CRAIG P
Address: 11046 LAKEVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S ( ) Delete
Name: FIEBE, CRAIG P
Address: 11046 LAKEVIEW DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete
Name: BAKER, MICHAEL T JR.
Address: 5 CHINKAPIN CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG FIEBE V 04/24/2008

Electronic Signature of Signing Officer or Director — Date