## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000058697

FILED Mar 09, 2009 Secretary of State

Entity Nai	me: EXCLUS	IVE CONSTRUCTION CO.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	NER REAL AV N, FL 33511				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	NER REAL AV N, FL 33511	E, 301 US			
FEI Number:	: 80-0200252	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
CUMMINS, VIOLETTA 5813 FALCONCREEK PL LITHIA, FL 33547 US				CONTRACTORS REPORTING SERVICES, INC 13795 N NEBRASKA AVE TAMPA, FL 33613 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATURE: WILLIAM MOORE				03/09/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( CUMMINS, VIC 5813 FALCON LITHIA, FL 33	CREEK PL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( CUMMINS, MIC 5813 FALCON LITHIA, FL 33:	CREEK PL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MICHAEL CUMMINS VΡ 03/09/2009