2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08140

Entity Name: JVD CONSTRUCTION, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

452 OSCEOLA ST 350 ANCHOR RD

SUITE 108 CASSELBERRY, FL 32707 US

ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address: New Mailing Address:

452 OSCEOLA ST 350 ANCHOR RD

SUITE 108 CASSELBERRY, FL 32707 US

ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 76-0127397 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:

SMITH, TRACY ATT DISALVATORE, JAMES V MR 522 WEST PRINCETON ST 350 ANCHOR RD

SUITE 105B CASSELBERRY, FL 32707 US ORLANDO, FL 32804 US

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: JAMES V. DISALVATORE 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 DISALVATORE, MARIE
 Name:
 DISALVATORE, MARIE

 Address:
 452 OSCEOLA ST, SUITE 105B
 Address:
 171 ARCHERS PT

 City-St-Zip:
 ALTAMONTE SPRINGS, FL
 City-St-Zip:
 LONGWOOD, FL 3279 US

Title: VD () Delete Title: () Change () Addition

 Name:
 DISALVATORE, JAMES V. II
 Name:

 Address:
 2749 DEER BERRY CT
 Address:

 City-St-Zip:
 LONGWOOD, FL
 City-St-Zip:

() Delete Title: Title: (X) Change () Addition STD STD DISALVATORE, MARIE D. DISALVATORE, LORETTA Name: Name: 452 OSCEOLA ST., SUITE 105B 2749 DEER BERRY CT Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL City-St-Zip: LONGWOOD, FL 32779 US

Title: ST () Delete Title: ST (X) Change () Addition

Name:DISALVATORE, STEPHANIEName:DISALVATORE, LORETTAAddress:452 OSCEOLA ST SUITE 105BAddress:2749 DEER BERRY CTCity-St-Zip:ALTAMONTE SPRINGS, FLCity-St-Zip:LONGWOOD, FL 32779 US

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: JAMES V. DISALVATORE, II VP 04/23/2009