2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P92000006574 04-27-2006 90192 040 ***150 00 1. Entity Name ROGER CONSTRUCTION, INC. TUUVV. Principal Place of Business Mailing Address 945 S FEDERAL HIGHWAY 945 S FEDERAL HIGHWAY LOT 11, HITCHING POST LOT 11, HITCHING POST DANIA, FL 33004 DANIA, FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Cha-P City & State City & State Applied For 4. FEI Number 65-0368596 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLAMONDON, ROGER-945 S FEDERAL HIGHWAY, LOT 11 Street Address (P.O. Box Number is Not Acceptable) HITCHING POST **DANIA, FL 33004** City Zip Code 8. The above named entity submits this star ement 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 age SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change PLAMONDON, ROGER NAME STREET ADDRESS 945 S FEDERAL HIGHWAY, LOT 11 STREET ADDRESS CITY-ST-ZIP **DANIA, FL 33004** CfTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

Date

Daytime Phone #

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED