2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 21, 2008 08:00 A Secretary of State **DOCUMENT # P93000069533** 1. Entity Name INVERNESS CONSTRUCTION, INC. Mailing Address Principal Place of Business 110 HIGHLAND BLVD. PO BOX 700 INVERNESS, FL 34-4529 US INVERNESS, FL 34451 03192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3207999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, ERVIN E 3500 E OAK TRACE PATH INVERNESS, FL 34452 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. THILE DAVIS, ERVIN E NAME: STREET ADDRESS 3500 E OAK TRACE PATH CITY-ST-ZIP INVERNESS, FL 34452 TITLE DAVIS, ERVIN E NAME 3500 E OAK TRACE PATH STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34452 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ŤIŤĽE

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.

SIGNATURE:

NAME. STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERUIN E. DAVIS

03/18/08 352 634 4635 Dayluma Phone #