2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE: \(\(\frac{1}{2}\)

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P94000001883 04-16-2007 90078 022 ***150.00 1. Entity Name AP BUILDERS CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 527 A BALD EAGLE DR 527 A BALD EAGLE DR MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 CR2E034 (12/06) Cha-P City & State City & State Applied For 4. FEI Number 65-0459567 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEX PAR KER BULLARD, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 527 A BALD EAGLE DR MARCO ISLAND, FL 34145 B C53 BAID FEFTE DR City WOULD ^{Zip Code} 3ካነካ5 ISLPYO 8. The above name 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 q ed agent 4-11-07 THEKAND ER MARKER κ SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT 08 ☐ Change 🗵 Defete ✓ Addition TITLE HIEX POUREU BULLARD, ROBERT A NAME NAME 527. A BOLD FAFTE DG STREET ADDRESS 527-A BALD EAGLE DRIVE STREET ADDRESS 34145 ドレ (MPO10 1512~9) CITY - ST - ZIP MARCO ISLAND, FL CITY-ST-ZIF ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP πτιε ☐ Delete 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-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not goalify 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 of trustee empowered to execute a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attackment with an addiress, with all other like empowered.

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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