2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 16, 2006 08:00 AM DOCUMENT # P94000027592 Secretary of State #1 WHITE'S CONSTRUCTION, INC. Principal Place of Business Mailing Address 3893 SECTION ST. 3893 SECTION ST. MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 02142006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3222584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent WHITE, MYRON C DO NOT WRITE 3893 SECTION ST. MIDDLEBURG, FL 32068 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and this it applicable. OATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00080470466 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 03/28/06-80015-004 150.00 10. OFFICERS AND DIRECTORS THILE NAME WHITE, MYRON C STREET ADDRESS 3893 SECTION ST. CITY-ST-ZIP MIDDLEBURG, FL 32068 TITLE MAME WHITE, PATRICIA STREET ADDRESS 3893 SECTION ST. CATY-ST-ZIP MIDDLEBURG, FL 32068 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZP 3133 f

12. Thereby certify that the information supplied with this filling 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 ACCORDS CITY-ST-ZIP TITLE RAME STREET ADDRESS CITY-ST-ZIP

Patricia white

FEB OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-282-9133