2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P94000033235 1. Entity Name DOMINICK DE CRISTI MASONRY, INC. Principal Place of Business Mailing Address 12430 CARDIFF DR. 12430 CARDIFF DR TAMPA, FL 33625 TAMPA, FL 33625 04162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0488195 Not Applicable And the second s \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERCE, WEBSTER DO NOT WRITE 203 SOUTH PARSON AVE. BRANDON, FL 33511 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 U00000927655 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DECRISTI, DOMINICK NAME STREET ADDRESS 12430 CARDIFF DR. CITY-ST-ZIP TAMPA, FL. TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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, who all other like empowered.

SIGNATURE:

IGNATUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-25-08

Daytime Phone #

FILED