2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 08:00 AM DOCUMENT # P94000046168 1. Entity Name **Secretary of State** FLORIDA BRAMINGHAM CONSTRUCTION, INC. Principal Place of Business Mailing Address 1760 BRISTOL ROAD 1760 BRISTOL ROAD WARRINGTON, BUCKS CO., PA 18976 P.O. BOX 160 WARRINGTON, BUCKS CO., PA 18976 CR2E034 (11/05) 01032007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3250597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, STEPHEN B DO NOT WRITE 1060 MAITLAND CENTRE COMMONS SUITE 400 IN THIS SPACE MAITLAND, FL 32751 8. The above named entity submits his 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 HARRIS (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 U000000674289 10. OFFICERS AND DIRECTORS TITLE NAME HARRIS, STEPHEN B STREET ADDRESS 1760 BRISTOL ROAD, BOX 160 CITY-ST-ZIP WARRINGTON, BUCKS CO., PA 18976 S/T STURN, GREGORY L NAME STREET ADDRESS 1760 BRISTOL ROAD, BOX 160 CITY-ST-7/P WARRINGTON, BUCKS CO., PA 18976 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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, 1 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 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 attactment with a read of the receiver of trustee empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE NO TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/07

215347 9000

Daytime Phone #