2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000007553

Entity Name: D&J ARCHITECTURAL PRECAST, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

3517 DORA ST

US FORT MYERS, FL 33916

Current Mailing Address: New Mailing Address:

3517 DORA ST

FORT MYERS, FL 33916 US

FEI Number: 65-0551482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARGIULO, JAMES DIDONNA, DENNIS 3517 DORA STREET 3517 DORA STREET FORT MYERS, FL 33916 US US FORT MYERS, FL 33916

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.

SIGNATURE: DENNIS DIDONNA 01/30/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DIDONNA, DENNIS DIDONNA, DENNIS Name: Name: 1817 PRINCESS CT. 1817 PRINCESS CT. Address: Address: City-St-Zip: NAPLES, FL 34810 City-St-Zip: NAPLES, FL 34810

Title: DP Title: () Delete (X) Change () Addition

GARGIULO, JAMES Name: Name: MILLER, JOEL S

11238 FIVE OAKS LN. 720 GOODLETTE ROAD NORTH Address: Address: NAPLES, FL 34102 NAPLES, FL 34120 City-St-Zip:

City-St-Zip:

Title: Title: (X) Delete () Change () Addition Name: Name:

PURDY, WILLIAM 8901 CYPRESS PRESERVE PLACE Address: Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MASON, PATRÍCIA D THOMAS, KIM Name: Name: Address: 848 GLENCOE ST. E Address: 3517 DORA STREET City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33936 FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS DIDONNA DP 01/30/2008