

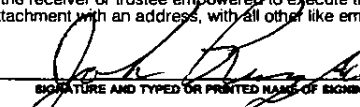


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90048 030 ***150.00

DOCUMENT # P95000052743 1. Entity Name CONCRETE FORMING BY JOHN, INC.					
Principal Place of Business 6940 SW 10TH COURT PEMBROKE PINES, FL 33023			Mailing Address 6627 GAVIOTA CT FORT PIERCE, FL 34951		
2. Principal Place of Business - No P.O. Box # 6627 GAVIOTA, CT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State FT. PIERCE, FL		City & State 		4. FEI Number 65-0600387	
Zip 34951		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUZICKA, JOHN 6940 SW 10TH COURT PEMBROKE PINES, FL 33023				7. Name and Address of New Registered Agent Name RUZICKA, JOHN Street Address (P.O. Box Number is Not Acceptable) 6627 GAVIOTA, CT City FT. PIERCE FL Zip Code 34951	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUZICKA, JOHN 6627 GAVIOTA CT FORT PIERCE, FL 34951 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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, with all other like empowered.					
SIGNATURE: 			2-20-07 772-461-1627 <small>Date Daytime Phone #</small>		