2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000226

POCQUETTE, NEAL

MIAMI, FL 33157

10460 SW 187TH TERRACE

Name: Address:

City-St-Zip:

Entity Name: OVERHOLT CONSTRUCTION CORP.

FILED Mar 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10460 SW 187TH TERR MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 10460 SW 187TH TERR MIAMI, FL 33157 FEI Number: 65-0632162 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: OVERHOLT, CRAIG S OVERHOLT, CRAIG S 18795 S W 105TH AVENUE 10460 SW 187TH TERRACE MIAMI, FL 33157 MIAMI, FL 33157 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: 03/05/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition OVERHOLT, CRAIG S Name: Name: 9335 S.W. 178TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: VD Title: () Change () Addition (X) Delete OVERHOLT, ROD E. Name: Name: 9625 SW 181 TER Address: Address: MIAMI, FL 33157 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition VD OVERHOLT, RODNEY Name: OVERHOLT, RODNEY Name: 10460 SW 187TH TERR 10460 SW 187TH TERR Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

POCQUETTE, NEAL

MIAMI, FL 33157

10460 SW 187TH TERRACE

SIGNATURE: NEAL S. POCQUETTE D 03/05/2007