2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P96000003649 04-17-2007 90079 001 ***317.50 CONSTRUCTION SUPPORT SOUTHEAST, INC. Principal Place of Business Mailing Address იიიიეესე 227-B EAST VIRGINIA STREET 10017 JOURNEYS END TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32312 DO NOT WRITE IN THIS SPAC 04062007 No Chg-P CR2E034 (11/05) 4 FFI Number Applied For 59-3358789 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, CHERYL H 10017 JOURNEYS END TALLAHASSEE, FL 32312 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE V/P CLARK, CHERYL H NAME 10017 JOURNEYS END STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME CLARK, EDWARD L II STREET ADDRESS 10017 JOURNEYS END CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 accivier 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR