2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 08:00 Al Secretary of State DOCUMENT # P96000018120 1. Entity Name BRALEW CONCRETE SYSTEMS, INC. Principal Place of Business Mailing Address 20960 SANDY LN. P.O. BOX 1270 ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0682630 Not Applicable Zip Country Country 7_{in} \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, JEFF Street Address (P.O. Box Number is Not Acceptable) 18428 MATANZAS RD FORT MYERS FL 33912 City Zip Codo 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) DATE FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE Delete TITLE Change ☐ Addition LEWIS, JEFF NAME NAMI: 18428 MATANZAS RD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY+ST-ZIP CITY-ST-7IP 000000631735 THE ☐ Defete HILE. STREET ADDRESS STRLET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE. Delete Change Addition NAME. NAMI: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE ☐ Delete HILE Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-71P CITY-ST-7/P TIRE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Doiete TITLE Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 fustee 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.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED