

2005 FOR PROFIT CORPORATION ANNUAL REPORT



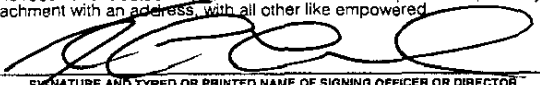
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Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90285 046 ***150.00

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02212005 Chg-P CR2E034 (10/03)

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|---|---|---------------------------------|---|---|--|
| DOCUMENT # P96000100471 | | | |  | |
| 1. Entity Name MICHAEL CONTRACTING, INC. | | | | | |
| Principal Place of Business 1228 HEMPEL AVE. GOTHA, FL 34734 US | | | Mailing Address 717 E OAK STREET KISSIMMEE, FL 34744 US | | |
| 2. Principal Place of Business 12647 Arley Drive | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Windermere, FL | | | City & State | | |
| Zip 34786 | | Country US | | 4. FEI Number 59-3416358 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAUMRUCK, ANDY J CPA 717 E OAK STREET KISSIMMEE, FL 34744 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name Kevin Michael | | |
| | | | Street Address (P.O. Box Number Is Not Acceptable) 12647 Arley Drive | | |
| | | | City Windermere | | |
| | | | FL Zip Code 34786 | | |
| 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  DATE 4-21-05 | | | | | |
| Signatures 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, 2005 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 | DPST MICHAEL, KEVIN 1228 HEMPEL AVE. GOTHA, FL 34734 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 12647 Arley Drive Windermere, FL 34786 | <input checked="" 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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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 4-21-05 Daytime Phone # 321-303-8940 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |