2004 FOR PROFIT CORPORATION

Apr 26, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P96000104148 1. Entity Name CARDINAL CONSTRUCTION MANAGEMENT, INC. Mailing Address Principal Place of Business 2382 SE NIEMEYER CIRCLE PO BOX 333 BRICK, NJ 08723_ PT ST LUCIE, FL 34952 US CR2E034 (10/03) 04222004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0733517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HOGAN, BRAD S 1682 SE S. NIEMEYER CIRCLE PT ST LUCIE, FL 34952 IN THIS SPACE 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. Lam familiar with, and accept the obligations. SIGNATURE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D THILE NAME HOGAN, BRAD S 1682 SE S NIEMEYER CIRCLE STREET ADDRESS CITY-ST-ZIP PT ST LUCIE, FL 34952 31513 U00000132242 04/27/04-80034-021 150.00 KELLY, WILLIAM NAME STREET ADDRESS 11 GALLOPING CIRCLE CITY-ST-ZIP BELFORD, NJ 07718 FIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THEE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 respector or trustee employee do to execute this epont 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 a dod essential time time employee do.

SIGNATURE:

TITLE NAME STREET ADDRESS CAY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED