2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P97000021362 04-30-2007 90857 023 ***150.00 BANOV ARCHITECTURE AND CONSTRUCTION, INC. 4UUJZVV -Principal Place of Business Mailing Address 2855-0CEAN DR PO BOX-3628-SUITE-301 6-6- VERO BEACH, FL 32963-VERO BEACH, FL 32964 US Principal Place of Business - No P.O. Box # Mailing Address 975 Twentieth 975 Twentieth Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For ero Beach Beach, 65-0734265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3294<u>0</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANOV, ROBERT 2855 OCEAN DR SUITE C-6 VERO BEACH, FL. each 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 SIGNATURE _______Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE n ☐ Delete TITLE Change ☐ Addition HUME, JOHN HUME, JOHN NAME NAME 1401 University Dr. Ste 402 4401 UNIVERSITY DR., SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP loral Springs, FL 33071 TITLE ☐ Delete TITLE (32) Change ■ Addition Banov, Robert 2975 Twentieth St BANOV, ROBERT NAME NAME STREET ADDRESS 2855 OCEAN DRISTE C-6 STREET ADDRESS VERO BEACH, FL-32963-CITY-ST-ZIP Vero Beach, FL 32960 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Baner, Robert 2975 Twentieth St BANOV, AMY NÁME NAME STREET ADDRESS 2855 OCEAN DRISTE C-6 STREET ADORESS VERO BIACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP Very Beach, FL 32960 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED