2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044056

Entity Name: NATIONWIDE CONSTRUCTION, INC.

FILED Mar 29, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

140 ALEXANDRIA BLVD 261 PLAZA DRIVE

В

OVIEDO, FL 32765 OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

P.O. BOX 660086 261 PLAZA DRIVE CHULUOTA, FL 32766 B

OVIEDO, FL 32765

FEI Number: 59-3451603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARNCORD, DENNIS K JR.

1140 BOB WHITE TRAIL

CHULUOTA, FL 32766 US

BARNCORD, DENNIS K JR.

2300 WASSUM TRAIL

CHULUOTA, FL 32766 US

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.

SIGNATURE: DENNIS K. BARNCORD JR. 03/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: BARNCORD, DENNIS K JR. Name: BARNCORD, DENNIS K JR.

 Name:
 BARNCORD, DENNIS K JR.
 Name:
 BARNCORD, DENNIS K JR.

 Address:
 P.O. BOX 660086
 Address:
 2300 WASSUM TRAIL

 City-St-Zip:
 CHULUOTA, FL 32766
 CHULUOTA, FL 32766

Title: D () Delete Title: D (X) Change () Addition Name: BARNCORD, CAMILLA Name: BARNCORD, CAMILLA

 Address:
 P.O. BOX 660086
 Address:
 2300 WASSUM TRAIL

 City-St-Zip:
 CHULUOTA, FL 32766
 City-St-Zip:
 CHULUOTA, FL 32766

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BARNARD, DENNIS SR.
 Name:
 BARNCORD, DENNIS SR.

 Address:
 PO BOX 660233
 Address:
 421 LAKE MILLS ROAD

 City-St-Zip:
 CHULUOTA, FL 32766
 City-St-Zip:
 CHULUOTA, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLA BARNCORD VP 03/29/2005