2005 FOR PROFIT CORPORATION

Jul 05, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P97000047902 1. Entity Name EXPRESS CONSTRUCTION CONSULTING INC. Mailing Address Principal Place of Business 9627 HIDDEN OAK CIRCLE 9627 HIDDEN OAK CIRCLE TAMPA, FL 33612 TAMPA, FL 33612 06302005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3449573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent CULVER, ROBERT DO NOT WRITE 3606 HUDSON LANE TAMPA, FL 33618 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE CULVER, ROBERT NAME 3606 HUDSON LANE STREET ADDRESS TAMPA, FL 33618 CITY-ST-ZIP -- UNDOOU370358 07/05/05-80013-009 1S0.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 (urther 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: OR PRINTED NAME OF SIGNING OFFICE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED