2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2006 08:00 AM **DOCUMENT # P97000076443** Secretary of State 1. Entity Name TIGER STEEL CONSTRUCTION, INC. Principal Place of Business Mailing Address P.O. BOX 476 922 W. WHITE GRACEVILLE, FL 32440 GRACEVILLE, FL 32440 CR2E034 (11/05) No Chg-P 03142006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3466851 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE CRUTCHFIELD, MIKE 922 W. WHITE GRACEVILLE, FL 32440 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 acces the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstaling) Signature, lyped or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE CRUTCHFIELD, MIKE NAME 922 W. WHITE STREET ADDRESS GRACEVILLE, FL 32440 CCTY-ST-709 000000472273 03/29/06-800**30**-018 150,00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CDY-ST-ZIP TITLE

12. I hereby certily 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 it made under cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06 850-263-322

FILED