2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 19, 2007 8:00 am **Secretary of State DOCUMENT # P97000085160** 03-07-2007 90011 001 ***150.00 1 Entity Name HALLMARK CONSTRUCTION INDUSTRIES, INC. Mailing Address Principal Place of Business 66005632 5533 CARAMEL LANE 6415 LAKE WORTH RD LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business - No P.O. Box # 533 Carame Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3474725 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALFREDSON, DENISE J Street Address (P.O. Box Number is Not Acceptable) 5533 CARMEL LN LAKE WORTH, FL 33463 City Zip Code 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. + am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPT ☐ Delete TITLE Addition ☐ Change ALFREDSON, DENISE J NAME NAME 5533 CARAMEL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 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

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/7/2007-90011-001-\$150.00-\$150.00

ANNOAL REPORT						
1. Entity Nam	MENT # P97000085			ATTACHMENT		
Principal Place of Business Hailing Address Hailinark Construction			ection	1		
5533 CARAMEL LANE LAKE WORTH, FL 33463		6383 10th Avenue North Suite F				
		Greenacres, Florida 33483		<i>i</i>	nG) 27.	
Principal Place of Business - No P.O. Box # 3. Mailing Address.				1 6600	05632	
Suite, Apt. #, etc.		Suite, Apt. P. etc.			0000004 (40400)	
		Site F		02212007 Chg-P	CR2E034 (12/06) Applied For	
City & State		Greenacies, Fi		4. FEI Number 59-3474725	Not Applicable	
Zip	Country	33463	couples A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	5. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent	
ALEREDS:	ON DENISE I		Name	Name		
ALFREDSON, DENISE J 5533 CARMEL LN			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
LAKE WORTH, FL 33463						
1.(/9	ruse for Me	Con	City		FL Zip Code	
8. The above named entire submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept						
the obligations cyregistered addril.						
SIGNATURE Signature lyperd or printed numb of requestyphylogent and this of population. (NOTE Reputative Reputation signature required when reinstative) DATE						
9. Election Campaign Financing \$5.00 May Be						
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.(ided to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11	
TITLE	DPT	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			name Street address			
CITY-ST-ZP	LAKE WORTH, FL 33463		CITY-ST-ZEP			
TITLE		☐ Delete	TITLE HAME		☐ Change ☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS			
City-ST-21P			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE N ai√€		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-Z-P		☐ Deigte	CITY-ST-ZIP TITLE		Change Addition	
NAME		C Designe	HAME		C Change C Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip			
TIBLE		☐ Delete	TITLE		Change Addition	
NAME			HAME		_ ,	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-ZIP			
ITTLE		☐ Delete	TITLE	11 121 T 20112	☐ Change ☐ Addition	
NAME STREET ADORESS			NAME STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. Thereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: DEMISE JOY ALFRED SON 3/2/07 561-586-7664						
5.5.47	SIGNATURE AND TYPED OR	FUNTED NAME OF SIGHING OFFICER OR	DIRECTOR	Daie	Deytime Phone #	