2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# P97000100483

Entity Name: PRESTRESSED CONTRACTORS, INC.

Current Principal Place of Business:

15609 69TH DR. N.
WEST PALM BEACH, FL 33418

New Principal Place of Business:

15609 69TH DR. N.
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

15609 69TH DR. N.
WEST PALM BEACH, FL 33418

New Mailing Address:

15609 69TH DR. N.
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0793406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONROY, WESLEY
15609 69TH DR N
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONROY, MICHAEL L
Address: 15609 69 DR N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP ( ) Delete
Name: RITCHIE, DAVID
Address: 721 EAST RIVER DR.
City-St-Zip: MARGATE, FL 33063

Title: ST ( ) Delete
Name: BROWNE, ROSEMARY
Address: 15609 69TH DR N
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CONROY, MICHAEL L
Address: 15609 69 DR N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL L. CONROY PRES 03/05/2007

Electronic Signature of Signing Officer or Director — Date