2007 FOR PROFIT CORPORATION

Apr 13, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000017369 04-13-2007 90169 036 ***150.00 1. Entity Name G & G CUSTOM CONSTRUCTION, INC. Principal Place of Business Mailing Address 730 KROEGEL AVENUE 730 KROEGEL AVENUE SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 65-0814161 Not Applicable Zip Country Zio 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 BOYD, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 730 KROEGEL AVE SEBASTIAN, FL 32958 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. I 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Delete Change DILE TITLE BOYD, GEORGE P NAME NAME 730 KROEGEL AVE STREET ADDRESS STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP CUTY-ST-ZIP Delete TITLE G Change HILE ☐ Addition Secretary BOYD, JUSTIN M NAME NAME 730 KROEGEL AVENUE STREET AUDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP ☐ Delete Change Addition TITLE THE Vice President NAME NAME GWYNETH A. BOYD STREET ADDRESS STREET ADDRESS 730 Kroegel Ave CITY-ST-ZIP CITY-ST-ZIP Sebastian, FL 32958 ☐ Delete [] Change ☐ Addition HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change TITLE ☐ Addition NAME NAME

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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GEORGE P.

FILED