2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State D@CUMENT # P98000017384 04-28-2005 90172 049 ***158.75 AUXILIARY CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 111 S MONROE STREET 111 S MONROE STREET 14003652 STE 3000 STE 3000 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address 2933 W.SR 2933 W. SK Suite Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-P CR2E034 (10/03) 伊门 101 City & State City & State 4. FEI Number Applied For mpre Towamas 59-3497942 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Koval BARRETT, DAVID A (P.O. Box Number is Not Acceptable) 111 S MONROE STREET STE 3000 TALLAHASSEE, FL 32301 Sumble 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 egent. SIGNATURE. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE X Addition Change i.j. RoyallJY 1935 W. S.R. 434 #101 BARRETT, DAVID A NAME NAME STREET ADDRESS 111 S MONROE ST, STE 3000 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 under 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 under 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 under 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 under 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 under 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 under the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as under the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empower of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the receiver of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made SIGNATURE:

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