2008 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P98000028527 04-17-2008 90038 050 ***150.00 1. Entity Name NEW IMAGE CONSTRUCTION, INC. գրուսոո• Mailing Address Principal Place of Business 10191 106TH TERRACE NORTH 10191 106TH TERRACE NORTH LARGO, FL 33773 US LARGO, FL 33773 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03112008 Chg-P City & State City & State 4. FEI Number Applied For 59-3512397 Not Applicable Zip Country 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 O'CONNOR, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 10191 106TH TERRACE NORTH LARGO, FL 33773 City Zip Code FL 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. 4/14/08 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change Addition TITLE O'CONNOR, STEVEN P NAME NAME 10191 106TH TERRACE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP VΡ Delete TITLE ☐ Change Addition TITLE DUKARSKI, DENISE A NAME NAME STREET ADDRESS 10191 106TH TERRACE NORTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY - ST - ZIP DOO ■ Addition ☐ Chenge TITLE Delete THILE ESPISITA, JERRY NAME NAMÉ STREET ADDRESS 10191 106TH TERRACE NORTH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LARGO, FL 33773 ☐ Change

FILED

☐ Addition

☐ Addition

☐ Addition

☐ Change

Change

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Delete

☐ Delete

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

| SIGNATURE: STE O C | Steven P. O'Connor | 4/14/08 | 727-527-3987 |
|--|--------------------|---------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |