


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90029 037 ***150.00

DOCUMENT # P98000053793	
1. Entity Name FARRELL CONSTRUCTION, INC.	

Principal Place of Business 9925 ULMERTON RD 498 LARGO, FL 33771	Mailing Address 9925 ULMERTON RD 498 LARGO, FL 33771
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2. Principal Place of Business - No P.O. Box # 773 PRIOR PLACE	3. Mailing Address P.O. BOX 2467
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PAUM HARBOR FL	City & State PAUM HARBOR FL
Zip 34683	Country U.S.A
Zip 34682	Country U.S.A

04052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3517999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SELAKE, HERB 9925 ULMERTON RD 498 LARGO, FL 33771	

7. Name and Address of New Registered Agent	
Name STEPHEN L. DEDGA	
Street Address (P.O. Box Number is Not Acceptable) 773 PRIOR PLACE	
City PAUM HARBOR	FL Zip Code 34683

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 *Stephen L. Dedga* **STEPHEN L. DEDGA** 4/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SELAKE, HERB 9925 ULMERTON RD 498 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SELAKE, NANCY 9925 ULMERTON RD 498 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHEN L. DEDGA PO BOX 2467 PAUM HARBOR FL 34682 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Stephen L. Dedga* **4/10/07** **639-9480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #