2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P99000005939

Entity Name: TOM WOLF EXCAVATING, INC.

Current Principal Place of Business:

325 MACON WAY
ST. CLOUD, FL 34769

New Principal Place of Business:

1185 S. NARCOOSSEE RD.
ST. CLOUD, FL 34771

Current Mailing Address:

325 MACON WAY
ST. CLOUD, FL 34769

New Mailing Address:

1185 S. NARCOOSSEE RD.
ST. CLOUD, FL 34771

FEI Number: 59-3598346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLF, THOMAS R
325 MACON WAY
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

WOLF, THOMAS R
1185 S. NARCOOSSEE RD.
ST. CLOUD, FL 34771 US

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: _____ 04/17/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOLF, THOMAS R
Address: 325 MACON WAY
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WOLF, THOMAS R
Address: 1185 S. NARCOOSSEE RD.
City-St-Zip: ST. CLOUD, FL 34771

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: THOMAS R. WOLF D 04/17/2007
Electronic Signature of Signing Officer or Director — Date