2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # P99000023166 1. Entity Name 03-06-2006 90019 016 ***150.00 ADVANCED CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 1550 E GONZALEZ ST. 1301 W GARDEN ST \$605400. PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3564036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS AND SANDFORT ACCOUNTANTS Street Address (P.O. Box Number is Not Acceptable) 1301 W GARDEN ST PENSACOLA, FL 32501 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 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SINGLETON, JAMES R 1550 E GONZALEZ ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32501 CITY-ST-ZIP VD TITLE ☐ Detete ☐ Change ☐ Addition **DEL GALLO, TONYA** NAME 1550 E GONZALEZ ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32501 CITY-ST-ZIP STD TITI F Delete TITLE ☐ Change ☐ Addition DEL GALLO, DAVID NAME NAME STREET ADDRESS 1550 E GONZALES ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 amount were does not not a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC-TRLAS

2/21/06 850-470 244

FILED