2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# P99000032726

Entity Name: NEWCO CONSTRUCTION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

PO BOX 1018
ZELLWOOD, FL 327981018

New Principal Place of Business:

17830 FRONT STREET
MOUNT DORA, FL 32757

Current Mailing Address:

P.O.BOX 1018
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 59-3569925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, MARIO A
ONE SOUTH ORANGE AVE
STE 401
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWN, WILLIAM P
Address: PO BOX 1018
City-St-Zip: ZELLWOOD, FL 327981018

Title: T ( ) Delete
Name: BROWN, WILLIAM P
Address: PO BOX 1018
City-St-Zip: ZELLWOOD, FL 327981018

Title: V ( ) Delete
Name: BROWN, WILLIAM P
Address: PO BOX 1018
City-St-Zip: ZELLWOOD, FL 32798

Title: S ( ) Delete
Name: BROWN, WILLIAM P
Address: PO BOX 1018
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM P. BROWN P 03/05/2007

Electronic Signature of Signing Officer or Director — Date