


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000049585		
1. Entity Name PAVED RECYCLING INC.		

FILED
05 JUL -5 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4825 WOODLANE CIR SUITE 106 TALLAHASSEE, FL 32303	Mailing Address 4825 WOODLANE CIR SUITE 106 TALLAHASSEE, FL 32303
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2. Principal Place of Business 2769 Manufacturers Court Suite, Apt. #, etc.	3. Mailing Address 2769 Manufacturers Court Suite, Apt. #, etc.
City & State Tallahassee, Florida	City & State Tallahassee, FL
Zip 32310	Country

07052005 Chg-P CR2E034 (10/03)

4. FEI Number 58-2470036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERSON, CHRISTINE H 21410 N.E. 40TH ST WILLISTON, FL 32696	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, VERONICA R 4309 AINTREE ROAD HEPHZIBAH, GA 30815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dwayne T. Harris 4309 Aintree Road Hephzibah, GA 30815 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLLARD, GARY A 2734 LAKEWOOD DRIVE AUGUSTA, GA 30906 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Harris, Patrick 4126 Autmun Cove Dr. Lake Wylie S.C. 29710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, PATRICK R 6600 FISH FARMER LANE C-3 CHARLOTTE, NC 28277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057341384 07/12/05--01026--019 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, ENDIA E 2734 LAKEWOOD DRIVE AUGUSTA, GA 30906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, OSCAR 3733 CREST DRIVE HEPHZIBAH, GA 30815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, HENRY C 2535 EKENSINGTON DRIVE AUGUSTA, GA 30906 <input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <u>Dwayne T. Harris</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	07/05/05 (850) 980-0890 Date Daytime Phone #
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