2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P99000074896** T.R. HENRY BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address 12889 EMERALD COAST PKWY 12889 EMERALD COAST PKWY **SUITE 111-A SUITE 111-A** DESTIN, FL 32550 DESTIN, FL 32550 CR2E034 (11/05) 03292006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3641336 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENRY, TODO R DO NOT WRITE 12889 EMERALD COAST PARKWAY SUITE 111-A IN THIS SPACE DESTIN, FL 32550 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 Superlive, typed or perified name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remalating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 85/43/86-88628-825 159.88 OFFICERS AND DIRECTORS 10. DPS TITLE NAME HENRY, TODD R STREET ADDRESS 13889 EMERAL COAST PKWY, SUITE 111A CITY-ST-ZIP DESTIN, FL 32550 TITLE NAME STRUES ADVINGES CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-28 TITLE IN THIS SPACE NAME STREET ADDRESS Cafy-ST-272

12. I hereby certify that the information supplied with this filling 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 path; 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 addraws, with all other like empowered.

SIGNATURE:∠

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SOHING OFFICER OR DIRECTOR

4-28-2006 (800)654-4818

FILED