2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P99000083385 1. Entiry Name HEI/DIRTWORKS, INC. Mailing Address Principal Place of Business 3240 PLEASANT HILL ROAD KISSIMMEE FL 34746 3240 PLEASANT HILL ROAD KISSIMMEE FL 34746 2. Principal Place of Business 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-3600001 Not Applicat Country Zip Country Z≀p \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANDLEY, JOAN E 3240 PLEASANT HILL ROAD Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 Zip Code City 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 are exthe obligations of registered agent. SIGNATURE DATE Signature, typad or printed name of registered agent and filloif applicable (NOTE: Registered Agent argnature reckared when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 5 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tt. 10. ☐ Change □ Add™ TITLE ☐ Delete TITLE NAME NAME HANDLEY, JOAN E D00000503708 STREET ACCRESS STREET ADDRESS 3240 PLEASANT HILL ROAD 04/26/06-80043-803 150.00 CITY-ST-ZIP CITY-SI-ZIP KISSIMMEE FL 34746 TITLE ☐ Celete HILE ☐ Change ☐ Addition NAME NAME CLANCY, MICHAEL K 3240 PLEASANT HILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP ☐ Change ☐ Add® mu Delete 31T2 F NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Aniiii TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 117) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Adding ☐ Change TITLE ☐ Delete HRE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-53-78 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further carily 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

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of the corporation of 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/7/06

407-933-5/1/5