2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 16, 2007 08:00 All Secretary of State **DOCUMENT # P99000087678** 1. Entity Name D.R.S. CONSTRUCTION, INC. Principal Place of Business Mailing Address 8008 2ND AVE. W 8008 2ND AVE. W BRADENTON, FL 34209 BRADENTON, FL 34209 US No Chg-P CR2E034 (11/05) 04112007 DO NOT WRITE IN THIS SPACE 4. FEI Number 91-2002899 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPICER, DAVID R DO NOT WRITE 8008 2ND AVE. W BRADENTON, FL 34209 IN THIS SPACE 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 Signature, typed or printed name of registered agont and title if applicable. (NOTE Registered Agont signature required when reinstating) 9. Election Campaign Financing \$5.00. May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPICER, DAVID R 8008 2ND AVE. W BRADENTON, FL 34209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPICER, GINA M 8008 2ND AVE. W BRADENTON, FL 34209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE		

U00000711599 04/26/07-80012-019 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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 type and accurate and that my signature shall have the same legal effect as if made under eath; 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: 4

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