2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S49350

Entity Name: RAWSON CONSTRUCTION, INC.

FILED Feb 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11035 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32095

11035 OLD DIXIE HIGHWAY
PONTE VEDRA BEACH, FL 32081

Current Mailing Address: New Mailing Address:

11035 OLD DIXIE HIGHWAY ST. AUGUSTINE, FL 32095 11035 OLD DIXIE HIGHWAY PONTE VEDRA BEACH, FL 32081

FEI Number: 59-3062541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAWSON, BELINDA

11035 OLD DIXIE HIGHWAY

ST. AUGUSTINE, FL 32095 US

RAWSON, BELINDA

11035 OLD DIXIE HIGHWAY

PONTE VEDRA BEACH, FL 32081 US

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: BELINDA RAWSON 02/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: PDT (X) Change () Addition Name: RAWSON, MICHAEL, Name: RAWSON, MICHAEL,

Name:RAWSON, MICHAEL,Name:RAWSON, MICHAEL,Address:11035 OLD DIXIE HWY.Address:11035 OLD DIXIE HWY.

City-St-Zip: ST. AUGUSTINE, FL City-St-Zip: PONTE VEDRA BEACH, FL 32081

Title: VD () Delete Title: VD (X) Change () Addition Name: RAWSON, VERLIN. Name: RAWSON, VERLIN.

Address: 11035 OLD DIXIE HWY. Address: 11035 OLD DIXIE HWY.

City-St-Zip: ST. AUGUSTINE, FL City-St-Zip: PONTE VEDRA BEACH, FL 32081

Title: SD () Delete Title: SD (X) Change () Addition Name: RAWSON, BELINDA, Name: RAWSON, BELINDA,

Address: 11035 OLD DIXIE HWY. Address: 11035 OLD DIXIE HWY.

City-St-Zip: ST. AUGUSTINE, FL City-St-Zip: PONTE VEDRA BEACH, FL 32081

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: MICHAEL RAWSON PDT 02/12/2007

Electronic Signature of Signing Officer or Director

Date