


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90021 012 ***150.00

DOCUMENT # S58695	
1. Entity Name B & H EARTH MOVING CONTRACTORS, INC.	

Principal Place of Business 250 W PINE AVE STE. D CRESTVIEW, FL 32536 US	Mailing Address 250 W PINE AVE STE. D CRESTVIEW, FL 32536 US
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2. Principal Place of Business - No P.O. Box # 4100 S. FERDON Blvd.	3. Mailing Address 4100 S. FERDON Blvd.
Suite, Apt. #, etc. B-2	Suite, Apt. #, etc. B-2
City & State CRESTVIEW FL	City & State CRESTVIEW, FL
Zip 32536	Zip 32536
Country USA	Country USA

4007500J



04172007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3079413	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, CLIFTON 250 W PINE AVE STE D CRESTVIEW, FL 32536
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7. Name and Address of New Registered Agent Name HALL, CLIFTON Street Address (P.O. Box Number is Not Acceptable) 4100 S. FERDON Blvd. Suite B-2 City CRESTVIEW FL Zip Code 32536
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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 *Clifton Hall* **CLIFTON HALL** **4/17/07**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, CLIFTON		NAME HALL, CLIFTON	
STREET ADDRESS 250 W PINE AVE STE D		STREET ADDRESS 4100 S. FERDON Blvd. Suite B-2	
CITY-ST-ZIP CRESTVIEW, FL 32536		CITY-ST-ZIP CRESTVIEW, FL 32536	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Clifton Hall* **CLIFTON HALL** **4/17/07** **850-689-8881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #