2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM **DOCUMENT # \$70943 Secretary of State** GLAROS CONSTRUCTION, INC. Principal Place of Business Mailing Address P.O. BOX 474 P.O. BOX 474 TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 03192007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3079617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLAROS, GEORGE S. DO NOT WRITE 1311 GULFVIEW WOODS LANE TARPON SPRINGS, FL 34689 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 the obligations of registered agent, SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GLAROS, GEORGE S. STREET ADDRESS 1311 GULFVIEW WOODS LANE CITY-ST-ZIP TARPON SPRINGS, FL TITLE /00000679145 73/07-80026-008 150.00 GLAROS, CAROL STREET ADDRESS 1311 GULFVIEW WOODS LN CITY-ST-ZIP TARPON SPRINGS, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 oath; that I am an officer or director of the corporation or the edeiver 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 arachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

03/23/01 (727)957-860