2006 FOR PROFIT CORPORATION

FILED Apr 10, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # S90833 MARK W. MILNES BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address 30825 GRANADA AVE 30825 GRANADA AVE BIG PINE KEY, FL 33043 US BIG PINE KEY, FL 33043 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0292979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILNES, MARK W DO NOT WRITE 30825 GRANADA AVE BIG PINE KEY, FL 33043 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. INDIE: Registered Agent stonature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 7171 F MILNES, MARK W. NAME 30825 GRANADA AVE STREET ADDRESS BIG PINE KEY, FL CITY-ST-ZIP U00000497396 04/22/06-80051-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 receiver or typically 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 alterhysion with a deduces, with all other like empowered.

ARK W. MILNES SIGNATURE: SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-6-86 (305)797.1076