2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # V07251 1. Entity Name 07 SEP -6 PH 1: 17 G.M. CONSTRUCTION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1860 OLD OKEECHOBEE ROAD 1860 OLD OKEECHOBEE ROAD SUITE 201 SUITE 201 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 09042007 Chg-P Applied For City & State City & State 4 FFI Number 65-0306278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Maresca, Gar MARESCA, GARY Street Address (P.O. Box Number is Not Acceptable) 191 VIA ROSINA JUPTER, FL 33458 2597 SW. Dania St. Port St. hucie 8. The above named entity submits this statement for the purpose of changing type registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE rinted name of registered agent and title if applicable signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PS TITLE ☐ Delete TITLE Change ☐ Addition MARESCA, GARY maresca Gary 2597 SW Dania St NAME NAME STREET ADDRESS 191 VIA ROSINA STREET ADDRESS CITY-ST-ZIP JUPTER, FL 33458 CITY-ST-ZIP PT TITLE THE Delete ☐ Change ☐ Addition MELLEY, ROBERT NAME NAME STREET ADDRESS 720 MARINERS WAY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TiTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 his 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 lik

OR DIRECTOR