. 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State DOCUMENT #V51792 1. Entity Name 04-13-2007 90187 020 ***150 00 BLAINE ONEY CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 1820 S. DIVISION PO BOX 618183 ORLANDO, FL 32805 ORLANDO, FL 32861-8183 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Prince tow St 2405 W. Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 Chg-P CR2E034 (12/06) Suite 5 City & State City & State 4. FEI Number Applied For 59-3135685 Not Applicable Country 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 ONEY, LADONNA Street Address (P.O. Box Number is Not Acceptable) 1820 S. DIVISION ORLANDO, FL 32805 Str. 5 2405 W. Princeton St. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ST TITI F ☐ Delete TITLE ☐ Addition ONEY, LADONNA NAME NAME 2405 W. Princeton St. Ste 5 STREET ADDRESS 1820 S. DIVISION STREET ADDRESS CITY-ST-ZIF ORI:ANDO:FL CITY-ST-ZIP Orlando F1 32804 TITLE ☐ Delete TITLE Change ☐ Addition ONEY, BLAINE NAME 2405 W. Princeton St. StE5 1820 S. DIVISION STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 an powered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

SIGNATURE

FILED