

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V65030</b>				<b>Jan 31, 2008 08:00</b>	
1. Entity Name <b>ARRAY CONSTRUCTION, INC.</b>				<b>Secretary of State</b>	
Principal Place of Business <b>3930 S ROOSEVELT BLVD UNIT E 310 KEY WEST, FL 33040 US</b>		Mailing Address <b>3930 S ROOSEVELT BLVD UNIT E 310 KEY WEST, FL 33040 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
		01102008 No Chg-P CR2E034 (11/05)			
		4. FEI Number <b>65-0359946</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>URBANIK, AXEL 3930 S ROOSEVELT BLVD UNIT E 310 KEY WEST, FL 33040</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		 <b>DO NOT WRITE IN THIS SPACE</b>			
TITLE	P				
NAME	PERKINS, AARON				
STREET ADDRESS	3842 N JAMSEN AVE				
CITY-ST-ZIP	CHICAGO, FL 60613				
TITLE	VPS				
NAME	URBANIK, AXEL				
STREET ADDRESS	3830 S ROOSEVELT BLVD APT 310E				
CITY-ST-ZIP	KEY WEST, FL 33040				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
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: 		<b>AXEL URBANIK 1-28-08 305 879 3351</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			