2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Feb 02, 2007 8:00 am Secretary of State DOCUMENT # L66910 02-02-2007 90006 050 ***150.00 1. Entity Name FAGAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 40008625 -034W MAXILIAN PL -034 w maxilian Pl **DUNNELLON, FL 34434** DUNNELLON, FL 34434 US 2. Principal Place of Business - No P.O. Box # 31 W.MAXIMILLIAN 01222007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For NNELLDN 65-0196879 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAGAN, KERRY B Street Address (P.O. Box Number is Not Acceptable) 934 W MAXIMILIAN PL DUNNELLON, FL 34434 City Zip Code 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ■ Addition FAGAN, KERRY B. NAME NAME STREET ADDRESS 10435 N BIG BASSTRAIL STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34434 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition FAGAN, KEVIN S. NAME NAME STREET ADDRESS 11411 CAMP DR STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34432 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME FAGAN, LINDA J STREET ADDRESS 10765 N. WISE OWL PT. STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34434 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 period the like empowered.

FILED