2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

May 02, 2008 08:00 Al Secretary of State DOCUMENT # P05000163329 M3K CONSTRUCTION, INC. Principal Place of Business Mailing Address 3062 OLD US RD 3062 OLD US RD MARIANNA, FL 32446 MARIANNA, FL 32446 CR2E034 (11/05) 05012008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0568267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENGLISH, RANDALL C DO NOT WRITE **3062 OLD US RD** MARIANNA, FL 32446 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. DATE 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, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. fili E NAME ~ ENGLISH, RANDALL C STREET ADDRESS 3062 OLD US RD CITY-ST-ZIP MARIANNA, FL 32446 TITLE ENGLISH, TERRY L NAME STREET ADDRESS 3062 OLD US RD CITY-ST-ZIP MARIANNA, FL 32446 TITLE ENGLISH, KELLEY M NAME STREET ADDRESS 3062 OLD US ROAD DO NOT WRITE CITY-ST-ZIP MARIANNA, FL 32446 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED