

The School District of Palm Beach County, Florida

Project: Forest Park Elementary School Modernization Project No.:0831-8502

Corporation Name: Moss & Associates, LLC Tax FEIN Number: 73-1699834

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF FLORIDA COUNTY OF Broward

Before me, the undersigned authority, personally appeared, Michele Snow, ("Corporate Representative") this 10th day of July, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Table with 3 columns: Name, Address, Percentage. Rows include Bob L. Moss & Sandra Moss (60%), Robert C. Moss (20%), and Scott R. Moss (20%).

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Table with 3 columns: Name, Address, Percentage. Rows include Bob L. Moss & Sandra Moss (60%), Robert C. Moss (20%), and Scott R. Moss (20%).

C. Stock held for others and for whom held:

Table with 3 columns: Name, Address, Percentage. Multiple rows for 'For Whom Held'.

CORPORATE REPRESENTATIVE

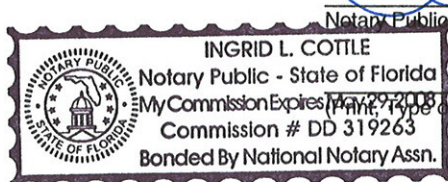
By: Michele Snow [Signature]

SWORN TO and subscribed before me this 10th day of July, 2007, by Michele Snow. Such person(s). (Notary Public must check applicable box):

[X] is/are personally known to me. [] produced a current driver license(s). [] produced _____ as identification.

(NOTARY PUBLIC SEAL)

[Signature]



My Commission Expires [Date] (Print, Type or Stamp Name of Notary Public)