


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90048 034 ***150.00

DOCUMENT # M86020	
1. Entity Name CARLTON CONSTRUCTION, INC.	

Principal Place of Business 20201 & COUNTRY CLUB DR #1904 AVENTURA, FL 33180 US	Mailing Address 20201 & COUNTRY CLUB DR #1904 AVENTURA, FL 33180 US
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60005116



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0061211	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARAD, DAVID ZVI 4280 GALT OCEAN DR. APT 28/C FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent	
		Name ARAD DAVID ZVI	
		Street Address (P.O. Box Number is Not Acceptable) 20201 E. COUNTRY CLUB DR. APT. #1904	
		City AVENTURA	FL Zip Code 33180

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 *David Zvi* DATE **1-12-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARAD, DAVID ZVI 4280 GALT OCEAN DR., APT 28C FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			ARAD DAVID ZVI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20201 E. COUNTRY CLUB DR. APT#1904 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHINA, ARAD 4280 GALT OCEAN DR., APT. 28C FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PHINA ARAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20201 E. COUNTRY CLUB DR. APT#1904 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

SIGNATURE: *David Zvi* DATE **1-12-06** DAYTIME PHONE # **954-695-4763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #