
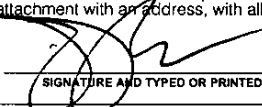


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90298 049 ***150.00

DOCUMENT # P00000075499			
1. Entity Name MOSAIC CONSTRUCTION, INC.			
Principal Place of Business P.O. BOX 611127 ROSEMARY BEACH, FL 32461		Mailing Address P.O. BOX 611127 ROSEMARY BEACH, FL 32461	
2. Principal Place of Business 82 S. Barrett Square Suite, Apt. #, etc. Suite 2A		3. Mailing Address P.O. Box 611296 Suite, Apt. #, etc.	
City & State Rosemary Beach, FL Zip 32461 Country U.S.		City & State Rosemary Beach, FL Zip 32461 Country U.S.	
4. FEI Number 59-3674576		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAPLANTE, JON DEREK 6 LITTLE LANE ROSEMARY BEACH, FL 32461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 S. Barrett Square Suite 2A City Rosemary Beach FL Zip Code 32461	
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 _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LAPLANTE, JON D PRES PO BOX 611127 ROSEMARY BEACH, FL 32461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZAITLIN, BRAD PO BOX 611127 ROSEMARY BEACH, FL 32461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BRADLEY, STEVEN PO BOX 611127 ROSEMARY BEACH, FL 32461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELESANDRO, HENRY PO BOX 611127 ROSEMARY BEACH, FL 32461 <input checked="" 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 empowered.			
SIGNATURE: 		Judd Jackson 4/3/06 850-231-0850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	