

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90263 032 ***158.75

DOCUMENT # P03000063993

1. Entity Name
FLEETWOOD CONSTRUCTION COMPANY, INCORPORATED



| | |
|--|--|
| Principal Place of Business 1663 S. CONGRESS AVENUE WEST PALM BEACH, FL 33406 US | Mailing Address 1663 S. CONGRESS AVENUE WEST PALM BEACH, FL 33406 US |
|--|--|

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



01052006 Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 55-0836461 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent WACHS, JEFFREY S 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

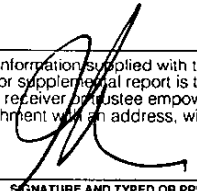
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 | PTD WEXLER, GREGG R 7880 TALAVERA PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD Wexler, Gregg R 7522 Isla Verde Way Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD WEXLER, LINDA S 7880 TALAVERA PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD Wexler, Linda S 7522 Isla Verde Way Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/10/06 Daytime Phone #: 561-644-8020