2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138540

Entity Name: RS ALL CONSTRUCTION CORP

FILED Jan 30, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

5554 METROWEST BLVD 6433 PINE CASTLE

209 STE 05

ORLANDO, FL 32811 US ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

5554 METROWEST BLVD 6433 PINE CASTLE

09 STE 05

ORLANDO, FL 32811 US ORLANDO, FL 32809 US

FEI Number: 20-0423846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAS SILVA, RENNAN G ACCOUNT BOOKKEEPING CORP[

5554 METROWEST BLVD 5950 LAKEHURST DR 209 246

ORLANDO, FL 32811 US ORLANDO, FL 32819 US

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.

SIGNATURE: JOYCE NASCIMENTO 01/30/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

Title: PD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DIAS SILVA, RENNAN G Name: SILVA, MAIRE R

5554 METROWEST BLVD # 209

Address: 5554 METROWEST BLVD # 209

OBLANDO FL 32044 US

City-St-Zip: ORLANDO, FL 32811 US City-St-Zip: ORLANDO, FL 32811 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: SANTOS, ROMULO Name: SILVA, SOLON

 Address:
 1013 S HIAWASSEE RD
 Address:
 5554 METROWEST BLVD #209

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:
 ORLANDO, FL 32811 US

Title: () Delete Title: S () Change (X) Addition
Name: Name: NASCIMENTO, ALEXANDRE
Address: Address: 5554 METROWEST BLVD #209

Address: Address: 5554 METROWEST BLVD
City-St-Zip: City-St-Zip: ORLANDO, FL 32811 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIRE RUTH SILVA P 01/30/2006