**2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001502

1. Entity Name

GREGORI CONSTRUCTION & ENGINEERING, INC.



Principal Place of Business

736 EKASTOWN ROAD SARVER, PA 16055 Malling Address

736 EKASTOWN ROAD SARVER, PA 16055

FILED Apr 13, 2007 08:00 A Secretary of State



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04092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

23-2938638 Not Applicable

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

MUDRAK, DALE 21522 HOBBY HORSE LN CHRISTMAS, FL 32709 DO NOT WRITE IN THIS SPACE

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 WP SIGNATURE								
<u> </u>	Signature, typed or printed name of registred agent and title if	Agent signature required when reinstation	ating) DATE					
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing \$5.00 May B Added to Fees.		• • •			
10.	OFFICERS AND DIREC	TORS	40.748688888	English California	CONT. P. JUNEAU POST	No stances		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GREGORI, RICHARD C 267 BEAR CREEK RD SARVER, PA 16055			1 1 10000007	1 13572 1428022180			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST GREGORI, DEBORAH E 267 BEAR CREEK RD SARVER, PA 16055			9472U7U7-8	J142-022/150			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREGORI, ANDREW M 105 STOBERT LN NATRONA HEIGHTS, PA 15065		D	O NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i.	I THIS SP	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report in the exemptions.								

12. Thereby Certify that the information supplied with this filling 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:

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

VP 419

724-353-1322