2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 08:00 AM **DOCUMENT # 470365 Secretary of State** NEW CONSTRUCT, INC. Principal Place of Business Mailing Address 1695 METROPOLITAN CIRCLE P.O. BOX 16005 SUITE 6 TALLAHASSEEE, FL 32317-6005 TALLAHASSEE, FL 32317 02212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1579162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DARIOTIS, TERRENCE T DO NOT WRITE 1695 METROPOLITAN CIRCLE SUITE 6 IN THIS SPACE TALLAHASSEE, FL 32308 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE LEWIS, CAROLYN C NAME STREET ADDRESS 200 E. 66TH ST., #C902 U00000067304 CITY-ST-ZIP NEW YORK CITY, NY 10021 02/26/04-80052-007 15D.OU TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTOR

1645