

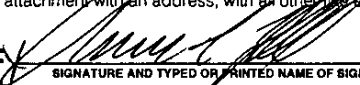


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90007 046 ***150.00

DOCUMENT # 513669 1. Entity Name YOKELL SALES & CONSTRUCTION, INC.					
Principal Place of Business 4802 SLEEPY HOLLOW LANE PLANT CITY, FL 33565			Mailing Address 4802 SLEEPY HOLLOW LANE PLANT CITY, FL 33565		
2. Principal Place of Business 333 FALKENBURG RD N Suite, Apt. #, etc. UNIT A-120		3. Mailing Address 333 FALKENBURG RD N Suite, Apt. #, etc. UNIT A-120			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-1694643	
Zip 33619		Country 33619		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANK, STRELKOW, & GAY, ESQS. 1666 KENNEDY CAUSEWAY SUITE 502 NO. BAY VILLAGE, FL 33141				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD YOKELL, ARTHUR 4802 SLEEPY HOLLOW LANE PLANT CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 FALKENBURG RD N UNIT A-120 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOKELL, BARBARA M 4802 SLEEPY HOLLOW LANE PLANT CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 FALKENBURG RD N UNIT A-120 TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOKELL, MAX 4802 SLEEPY HOLLOW LANE PLANT CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 FALKENBURG RD N UNIT A-120 TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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 information empowered.					
SIGNATURE: 				2/14/06 513-71-7589 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					