

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 532325

Entity Name: ASPHALT, INC.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

2003 HUGHES ROAD
MELBOURNE, FL 32935 US

New Principal Place of Business:

835 PAW PRINTS AVE.
MELBOURNE, FL 32934 US

Current Mailing Address:

2003 HUGHES ROAD
MELBOURNE, FL 32935 US

New Mailing Address:

835 PAW PRINTS AVE.
MELBOURNE, FL 32934 US

FEI Number: 59-1751328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLEMS, TODD
835 PAW PRINTS AVENUE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WILLEMS, TODD
Address: 835 PAW PRINTS AVENUE
City-St-Zip: MELBOURNE, FL 32934

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: DALEIDEN, PATRICK
Address: 835 PAW PRINTS AVE.
City-St-Zip: MELBOURNE, FL 32934

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: TODD WILLEMS

PST

01/19/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date