2005 FOR PROFIT CORPORATION

FILED Jan 19, 2005 08:00 AM te

ANNOAL REPORT				-7	Our To		, ,
1. Entity Nam	MENT # 824818 TO CONSTRUCTION COMPA	Secretary of Sta					
71 WEST PA	ce of Business NRK AVENUE NJ 08360-3508	Mailing Address 71 WEST PARK AVENUE VINELAND, NJ 08360-3508			7881 (1876) (1886) (1871) (1881)	NICK NINK REKU BURU NURUKAN K JOR	
E	OO NOT WRITE	CE	01102005 No Chg-P CR2E034 (10/03) 4. FEI Number			or	
	Name and Address of Current Re	gistered Agent					
C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					OT WRI		
8. The above	a named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent or both in t	he State of Florida	Lem familiar with and acc	ent
	tions of registered agent.	File if applicable. (NOTE Registere	d Agent signature required	when reinstating)	·	DATE	
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DI	EFCTORS .					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BERNARD 71 W PARK AVE VINELAND, NJ 08360			12 272770	U0000018 1/21705-80	5343 012-009 1 50. 00	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROWN, SIDNEY 71 W PARK AVE VINELAND, NJ 08360						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, SHIRLEY 71 WEST PARK AVENUE VINELAND, NJ 08360		<u> </u>	DO N	OT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENDALL, BERNICE 71 W PARK AVE VINELAND, NJ 08360			IN TH	IS SPA	CE	
NAME STREET ADDRESS CITY-ST-ZIP	VP RASCHILLA, FRANK 71ST W PARK AVE VINELAND, NJ 08360				ale ede o e c		
TITLE			I	· -			

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

(856) 691-7000 Daytime Phone #