## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000456

Entity Name: CONSTRUCTION FORMS, INC

FILED Apr 18, 2006 Secretary of State

Entity Nai	me: CONSTR	UCTION FORMS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	TIME DRIVE SHINGTON, V	/I 530740308				
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 308 PORT WASHIINGTON, WI 530740308			PO BOX 308 PORT WASHINGTON, WI 530740308			
FEI Number	: 39-1104344	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
WINTER S	DING WATER SPRINGS, FL	32708 US	ourpose of changing i	ts registered	d office or registered agent, or both	
SIGNATU		ic Signature of Registered Ag	ent		Date	
Election Car		Trust Fund Contribution ( ).	One		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () KASTELIC, ALA 777 MARITIME PORT WASHIN	DRIVE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	FINNERAN, WII	OF THE AMERICAS, 27TH FLR	Title: Name: Address: City-St-Zip:	FINNERAN,	ENUE, 40TH FLOOR	
Title: Name: Address: City-St-Zip:	COONEY, ROB	AND BLVD STE 13	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SCOTT, WILLIA	NUE SUITE 1905	Title: Name: Address: City-St-Zip:	SCOTT, WIL	VENUE SUITE 1905	
Title: Name: Address:	CFO () SKAAR, GREGO 777 MARITIME		Title: Name: Address:		( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: GREGORY L SKAAR CFO 04/18/2006

City-St-Zip: PORT WASHINGTON, WI 53074