

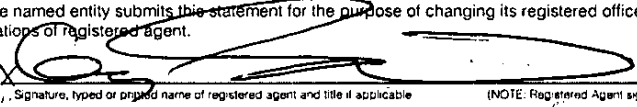
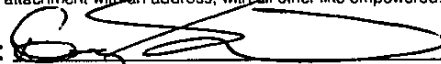


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-22-2006 90027 009 ***550.00

DOCUMENT # F02000000135 1. Entity Name WARDEN CONTRACTING CORPORATION					
Principal Place of Business 11221 ST. JOHNS INDUSTRIAL PARKWAY S SUITE 2 JACKSONVILLE, FL 32246			Mailing Address 11221 ST. JOHNS INDUSTRIAL PARKWAY S SUITE 2 JACKSONVILLE, FL 32246		
2. Principal Place of Business 3653 REGENT BLVD STE 507		3. Mailing Address 3653 REGENT BLVD STE 507		50025842 	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 73-1599390	
Zip 32224		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAGIMONIERE, GREGORY J PRES. 11221 ST. JOHNS INDUSTRIAL PARKWAY S SUITE 2 JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name LAGIMONIERE, GREGORY J. PRES. Street Address (P.O. Box Number is Not Acceptable) 3653 REGENT BLVD SUITE 507 City JACKSONVILLE FL Zip Code 32224	
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 translating)</small>				DATE 8/17/06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	P LAGIMONIERE, GREGORY 561 UPPER 8TH AVE S JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAGIMONIERE, GREGORY 13696 COVINGTON CREEK DRIVE JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAGIMONIERE, LESLEY 561 UPPER 8TH AVE S JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LAGIMONIERE, LESLEY 13696 COVINGTON CREEK DRIVE JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	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	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 like empowered.					
SIGNATURE:  GREGORY LAGIMONIERE 8/17/06 904 428 9819 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					