2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002714

1. Entity Name
PALEEN CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
MILL POND OFFICES 293 ROUTE 100, SUITE 208 SOMERS, NY 10589	MILL POND OFFICES 293 ROUTE 100, SUITE 208 SOMERS, NY 10589

DO NOT WRITE IN THIS SPACE

03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-2578660
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIGLIO, PASQUALE I II
4895 WEST BONANZA DRIVE
BEVERLY HILLS, FL 34465

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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: Pasquale T. Gigliotti Pres — 3-17-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000272018
03/21/05-80073-005 163.75

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GIGLIOTTI, PASQUALE T
STREET ADDRESS	1515 CROTON LAKE ROAD
CITY-ST-ZIP	YORKTOWN HEIGHTS, NY 10598
TITLE	VDD
NAME	GIGLIOTTI, PATRICK J
STREET ADDRESS	1169 ROUTE 376 OAD
CITY-ST-ZIP	WRAPPINGERS FALLS, NY 12590
TITLE	VDD
NAME	GIGLIOTTI, KATHLEEN
STREET ADDRESS	1515 CROTON LAKE ROAD
CITY-ST-ZIP	YORKTOWN HEIGHTS, NY 10598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Pasquale T. Gigliotti Pres — 3-17-05 — 914-962 4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #