


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 018 ***163.75

DOCUMENT # F03000002714 1. Entity Name PALEEN CONSTRUCTION CORP.	
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Principal Place of Business MILL POND OFFICES 293 ROUTE 100, SUITE 208 SOMERS, NY 10589	Mailing Address MILL POND OFFICES 293 ROUTE 100, SUITE 208 SOMERS, NY 10589
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DO NOT WRITE IN THIS SPACE

40055683



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2578660	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIGLIOTTI, PASQUALE 4895 WEST BONANZA DRIVE BEVERLY HILLS, FL 34465	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD GIGLIOTTI, PASQUALE T 1515 CROTON LAKE ROAD YORKTOWN HEIGHTS, NY 10598
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDD GIGLIOTTI, PATRICK J 1169 ROUTE 376 OAD WRAPPINGERS FALLS, NY 12590
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDD GIGLIOTTI, KATHLEEN 1515 CROTON LAKE ROAD 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 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 Pasquale T. Gigliotti Pres. P.T. Gigliotti Pres 4/9/07 (914) 962-4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #