2005 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Mar 15, 2005 08:00 AM **Secretary of State** DOCUMENT # F04000001842 1. Entity Name DEMARTINO CONSTRUCTION COMPANY, INC. Principal Place of Business _ Mailing Address 805 ALBIN ROAD 2ND FLOOR 805 ALBIN ROAD 2ND FLOOR LINDENHURST, NY 11757 LINDENHURST, NY 11757 CR2E034 (10/03) 02122005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3704154 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 526 E. PARK AVENUE TALLAHASSEE, FL 32301 IN THIS SPACE 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_ Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DEMARTINO, MICHAEL J NAME STREET ADDRESS 15 SUNSET ROAD CITY-ST-ZIP MASSAPTQUA, NY 11758 U0000002641<u>3</u>0 03/16/05-80003-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

IN THIS SPACE

DO NOT WRITE

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 eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receive or intistee ampowered 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 attachme all other like empowered. 3,3,05

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

631 884 3500