2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2006 08:00 AM DOCUMENT # F05000005782 **Secretary of State** HEYMAN PROPERTIES CONSTRUCTION COMPANY Principal Place of Business Mailing Address 333 POST ROAD WEST BOX 7002 WESTPORT CT 06881-7002 WESTPORT CT 06880 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 06-1148396 Not Applicable $Z_{iD}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAGAN, EUGENE Street Address (P.O. Box Number is Not Acceptable) 17891 ÅBERDEEN WAY **BOCA RATON FL 33496** City Zip Code 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, typed or printed name of registered agent and lifts a applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ... After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME HEYMAN, RONNIE F NAME STREET ADDRESS 333 POST ROAD WEST STREET ADDRESS UQQQQQ45Q4QG CITY-ST-ZIP CITY-ST-ZIP 03/10/06 80004-024 150.00 WESTPORT CT 06880 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME HEYMAN, SAMUEL J MANAF STREET ADDRESS 333 POST ROAD WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT 06880 mai Dolote 1111 ☐ Change ☐ Addition HANT NAME MAZZEO, JAMES R STREET ADORESS STREET ADDRESS 333 POST ROAD WEST CITY-ST-ZIP CHY-ST-ZIP WESTPORT CT 06880 TITLE ☐ Delete ☐ Addition Tifle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Defete TITLE ☐ Change Addition 🔲 NaMf-MARAE STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP fifuC ☐ Delete ☐ Change ☐ Addition JULE NAME NAMS STREE! ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

SIGNATURE:

James Mayres

if changed, or on an attachment with an address, with all other like empowered

James R. Mazzeo

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/16/06

(203) 221-3925

FILED