


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000001590	
1. Entity Name CAP CONSTRUCTION, INC.	

Principal Place of Business 21500 HAGGERTY ROAD SUITE 100 NORTHVILLE, MI 48167	Mailing Address 21500 HAGGERTY ROAD SUITE 100 NORTHVILLE, MI 48167
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3033764	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARROLL, WILLIAM G C/O PENSION ASSET MANAGEMENT, INC. 101 NE THIRD AVENUE, SUITE 1500 FORT LAUDERDALE, FL 33301

DO NOT WRITE 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CAPOZZOLI, JOSEPH L 21500 HAGGERTY ROAD, SUITE 100 NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, GENE S 21500 HAGGERTY ROAD, SUITE 100 NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURT, KATHLEEN 21500 HAGGERTY ROAD, SUITE 100 NORTHVILLE, MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPOZZOLI, PAMELA 21500 HAGGERTY ROAD, SUITE 100 NORTHVILLE, MI 48167
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: _____	1/4/07	Date	Daytime Phone # _____
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