2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # F26748

1. Entity Name
C.L.C. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
5411 N.W. 79TH WAY PARKLAND, FL 33067	5411 N.W. 79TH WAY PARKLAND, FL 33067

05252006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 59-2073543	Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAIG, CURTIS L 5411 N.W. 79TH WAY PARKLAND, FL 33067	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL 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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **Amended AR is $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☒ | $5.00 May Be Added to Fees | |

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD NAME CRAIG, CURTIS L STREET ADDRESS 5411 NW 79 WAY CITY-ST-ZIP PARKLAND, FL 33067	☐ Delete	TITLE M NAME RODRIGUEZ BRYANT STREET ADDRESS 2192 NW 77th TERRACE CITY-ST-ZIP MARGATE, FL 33063	☐ Change ☒ Addition
TITLE TD NAME CRAIG, RUTH STREET ADDRESS 5411 NW 79 WAY CITY-ST-ZIP PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800077158678 07/07/06--01051--005 **66.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Ruth Craig_ TD   954-751-4016   6-19-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #