2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # F35295 Apr 29, 2005 08:00 AM TESSLER CONSTRUCTION AND DEVELOPMENT **Secretary of State** COMPANY, INC. Principal Place of Business Mailing Address 1167 SAWGRASS CORPORATE PKWY 1167 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US SUNRISE, FL 33323 No Chg-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 59-2094951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TESSLER, ERIC N DO NOT WRITE 1167 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 IN THIS SPACE 8. The above named ontity 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 SIGNATURE. DATE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U0U000344478 9. Election Campaign Financing \$5.00 May Be 04/29/05-80138-009 150.00 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 TESSLER, ERIC N NAME STREET ADDRESS 1167 SAWGRASS CORPORATE PKWY CITY-ST-ZIP SUNRISE, FL MLE NAME STREET ADDRESS CITY-ST-7IP $\pi\pi F$ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated 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.

CICNATURE

NAME STREET ADDRESS CITY-ST-ZIP

GALLY OF STATES OF PROPERTY OF PROPERTY OF SKINNING OFFICER OR DIRECTOR

4/25/05

(954) 846-2434

Daytime Phone #