2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2006 08:00 AM DOCUMENT # F93105 **Secretary of State** N.B. SPECK GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address 2313 N.E. 15TH TERR 2313 N.E. 15TH TERR WILOTN MANORS, FL 33305 WILOTN MANORS, FL 33305 CR2E034 (11/05) 04112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2209932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPECK, NORMAN DO NOT WRITE 2313 N.E. 15 TERR WILTON MANORS, FL 33305 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agem, 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 DATE fNOTE: Renistered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U000000523529 Trust Fund Contribution. Added to Fees ns/n3/06-80076-013_150.00 OFFICERS AND DIRECTORS 10. TITLE NAME SPECK, NORMAN 2313 N.E. 15TH TERR STREET ADDRESS CITY-ST-ZIP WILTON MANORS, FL TITLE SPECK, NORMAN NAME STREET ADDRESS 2313 N.E. 15 TERR WILTON MANORS, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STRUFT AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered by 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 expowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

4.13-06

FILED

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