


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90040 044 ***558.75

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DOCUMENT # F98000003641 1. Entity Name AHS CONSTRUCTION GROUP, INC.					
Principal Place of Business 335 FERRY BLVD. STRATFORD, CT 06497			Mailing Address 335 FERRY BLVD. STRATFORD, CT 06615		
2. Principal Place of Business 3894 Mannix Drive Suite, Apt. #, etc. Suite 202 City & State NAPLES FL Zip 34114		3. Mailing Address 3894 Mannix Drive Suite, Apt. #, etc. Suite 202 City & State NAPLES FL Zip 34114		07082005 Chg-P CR2E034 (10/03)	
4. FEI Number 06-1170817		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SALCE, ANTHONY H JR. 3292 GREEN DOLPHIN LANE NAPLES, FL 34102	
7. Name and Address of New Registered Agent Name DONALD MAZZARELLA Street Address (P.O. Box Number is Not Acceptable) 649 BOWE LINE DRIVE City NAPLES FL Zip Code 34103				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: <u>Donald Mazzarella - PRES</u> DATE: <u>7-8-05</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SALCE, ANTHONY H JR. 3292 GREEN DOLPHIN LANE NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS MAZZARELLA, DONALD T 649 BOWE LINE DOVE NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT THOMAS J. ANDREA 4819 LASQUETTI WAY NAPLES FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Donald Mazzarella - PRES.</u> DATE: <u>7-8-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		