## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F98000003641

Entity Name: AHS CONSTRUCTION GROUP, INC.

FILED Oct 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3894 MANNIX DRIVE 3415 RADIO ROAD

SUITE 202 SUITE 109

NAPLES, FL 34114 US NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

3894 MANNIX DRIVE 3415 RADIO ROAD

SUITE 202 SUITE 109

NAPLES, FL 34114 US NAPLES, FL 34104 US

FEI Number: 06-1170817 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAZZARELLA, DONALD
3894 MANNIX DR
3UITE 202
SUITE 109
SALCE, ANTHONY
3415 RADIO ROAD
SUITE 109

NAPLES, FL 34114 US NAPLES, FL 34104 US

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.

SIGNATURE: ANTHONY SALCE 10/08/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 ANDREA, THOMAS J
 Name:
 LAZAR, MARK A

 Address:
 1190 26TH AVE N
 Address:
 489 RAVEN WAY

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34110

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MAZZARELLA, DONALD T
 Name:
 SALCE, ANTHONY H J R.

 Address:
 649 BOW LINE DRIVE
 Address:
 3292 GREEN DOLPHIN LANE

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LAZAR VP 10/08/2008