2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H43321 1. Entity Name NIAGARA CONTRACTING SERVICE, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

% GARY CASTIGLIONE 3065 C. ROAD LOXAHATCHEE, FL 33470

% GARY CASTIGLIONE 3065 C. ROAD LOXAHATCHEE, FL 33470



DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2696418 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTIGLIONE, GARY 3065 C. ROAD LOXAHATCHEE, FL 33470

changed, or on an attachment with a

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printle damp of this teried agent and tright applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000925978 05/20/08~80048-010 150.00
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND DIREC PVT CASTIGLIONE, GARY 3065 C. ROAD LOXAHATCHEE, FL 33470 S	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	CASTIGLIONE, GARY 3065 C. ROAD LOXAHATCHEE, FL 33470				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS: CITY-S1-ZIP				IN [*]	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			
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 eath; that I am an officer or director of the corporation or the receiver or trustee enhancement of execute this prort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					