


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # H90183 1. Entity Name DALLAS 1 CONSTRUCTION & DEVELOPMENT, INC.	
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Principal Place of Business 10328 MAIN ST THONOTOSASSA, FL 33592 US	Mailing Address PO BOX 249 THONOTOSASSA, FL 33592 US
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2610376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent AZZARELLI, BARTLE J III 10328 MAIN STREET THONOTOSASSA, FL 33592	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AZZARELLI, BART JR. 6320 112TH AVE. TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD AZZARELLI, CYNDI 10636 GRAND RIVIERE DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISCH, TED 5601 GULF OF MEXICO DRIVE #5 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AZZARELLI, JAN 6320 112TH AVE. TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARTLE J AZZARELLI, III 10636 GRAND RIVIERE DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS LANCASTER, PAUL 508 PINEWALK DRIVE BRANDON, FL 33510

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02/08/05-80043-011 158.75

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bart J. Azzarelli, III BARTLE J. Azzarelli, III 1/7/05 813-986-1922
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #