2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Name	MENT # J59542 BUILDING CORPORATION.				·	
Principal Place 4869 NORTH VERO BEACH	LATA	Mailing Address 4869 NORTH A1A VERO BEACH, FL 32963 U	\$	\$ 1000/2000 10/00 \$4/00 \$4/00 \$4/00 \$	STEKER KURA RKURU IRKEKA INKAKO MURIK RKURA RKUJUBER (K 1888)	
	O NOT WRITE	IN THIS SDA	CE.	02092006 No Chg-		
	O NOT WRITE	IN THIS SPA		4. FEI Number 59-27933435. Certificate of Status Des	Applied For Not Applicable Sa.75 Additional Fee Required	
	6. Name and Address of Current Re-	gistered Agent				
4869 NOR	EDWARD C. TH A1A ACH, FL 32963			DO NOT IN THIS		
8. The above the obligati SIGNATURE_	named entity submits this statement for thions of registered agent. Signature, typed or pointed name of registered agent and		ed office or register		of Florida. I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Etection Campaign Final Trust Fund Contribution.	noing \$5.	00 May Be ed to Fees		
1G. TISLE NAME STREET ADDRESS CHY-ST-ZIP HILE NAME	OFFICERS AND DIS DP SCALES, EDWARD C. 4889 NORTH A1A VERO BEACH, FL 32983 VPTS SCALES, MICHELE C.	RECTORS		02/23,	0000432863 706-80086-017 158.75	
STREET ADDRESS CATY - ST - 21P LITTLE NAME STREET ADDRESS CITY - ST - 21P	4869 NORTH A1A VERO BEACH, FL 32963 VP KRULIKOWSKI, STANLEY JR 482 AZINE TERRACE SEBASTIAN, FL 32958			DO NOT WRITE IN THIS SPACE		
TITLE MAME STREET ADDRESS GITY-ST-ZIP	÷					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
MIF	,	}	3			

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 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 little like empowered.

SIGNATURE: .

name Street address City-St-Zip

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

2/9/06 (772) 234-3056