## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # J98119  1. Entity Name CARY CONSTRUCTION CORP.								04-09-2007 9	90063 01	4 ***150	0.00	
7 BARRACUD KEY LARGO,	FL 33037 (	JS	Mailing Address 24 DOCKSIDE LN PMB 478 KEY LARGO, FL 33037	7 US			9. 					
2. Principal Place of Business - No. P.O. Box #  103400 Overseas Highway  Suite, Apt. #, etc.  3. Mailing Address  103400 Overseas H  Suite, Apt. #, etc.						y						
Suite apr.	2 <i>53, Pink</i>	e Plaza	Suite, Apt. #, etc. Suite 2.55 Cjty & State	Plaz	04042007 Chg-P		Chg-P	CR2E034 (12/06)  Applied For				
Key La	argo, F	:L	Key Largo,	FL	•		65-001	_		No	t Applicable	
<u>3</u> 303	37	Country USA	33037	Count				of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name Cary, Mike/ A.						
CARY, MIKELL A. 24 DOCKSIDE LN PMB 478						Street Address (P.O. Box Number is Not Acceptable) 1034000 Warseas High way, Suite 255						
KEY LARGO, FL 33037					<del></del>				Pink 7			
						City Key Largo, FL 33037					<del>37</del>	
8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE												
Mikeli H. Car												
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	PD	OFFICERS AND C	DIRECTORS Delete	11.		P.D		CHANGES TO OFFI		DIRECTORS Change	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	CARY, MIKE 24 SOCKSID KEY LARGO	_ Dente	NAME STREE	ET ADDRESS ST-ZIP	cary, Mikell A. 103400 overseas Highway:			wy Su	ite 38	S Acquitor		
TITLE NAME			☐ Delete	TITLE		<u> </u>	<del>- 199 / -</del>			Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREE	et address ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1						☐ Change	Addition	
12. I hereby indicated of the co-	certify that the in d on this report or rporation or the r l, or on an attach	formation supplied with supplemental report of ceceiver or prostate empty ment with a social second	ins filing does not qualify to frue and accurate and that r weren to execute this report with all other like empowered	or the exe my signate as requir	emptions co ure shall ha ed by Char	ontained ave the s pter 607	l in Chapter 11: same legal effe , Florida Statuti	9, Florida Statutes. I ct as if made under c es; and that my name	further certificath; that I are appears in	y that the ir n an officer Block 10 or	formation or director Block 11 if	