

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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TALLAHASSEE, FLORIDA

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<b>DOCUMENT # L03986</b>					
1. Entity Name <b>KODIAK CONSTRUCTION &amp; MANAGEMENT, INC.</b>					
Principal Place of Business <del>490 BUSINESS PARKWAY</del> <del>WEST PALM BEACH, FL 33411-1762 US</del> <b>3755 Fiscal Court</b> <b>Riviera Beach, FL 33414</b>			Mailing Address <del>490 BUSINESS PARKWAY</del> <del>WEST PALM BEACH, FL 33411-1762 US</del> <b>P.O. Box 16337</b> <b>WPB, FL 33416</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0145918</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATA, LUCKY <del>490 BUSINESS PARKWAY</del> <del>WEST PALM BEACH, FL 33411-1762</del> <b>3755 Fiscal Court</b> <b>Riviera Beach, FL 33414</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATA, LUCKY <del>44698 DRAFT HORSE LANE</del> <del>WEST PALM BEACH, FL 33411</del> <b>P.O. Box 16337</b> <b>33416</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this report 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 any other like empowered.					
SIGNATURE: _____			Date <b>4/28/06</b> 561-790-4771		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		