2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# L04000079255

Entity Name: VIKING CONSTRUCTION LLC

Current Principal Place of Business:

5554 RIVIERA DRIVE
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

5554 RIVIERA DRIVE
MILTON, FL 32583

New Mailing Address:

FEI Number: 20-1846163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

D'ANGELO, CHRISTOPHER G
5554 RIVIERA DRIVE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: D'ANGELO, CHRISTOPHER G
Address: 5554 RIVERA DRIVE
City-St-Zip: MILTON, FL 32583

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: D'ANGELO, CHRISTOPHER G
Address: 5554 RIVERA DRIVE
City-St-Zip: MILTON, FL 32583

Title: MGR ( ) Change (X) Addition
Name: PACE, MICHAEL
Address: 5558 RIVIERA DR.
City-St-Zip: MILTON, FL 32583

Title: MGR ( ) Change (X) Addition
Name: D'ANGELO, JASON S
Address: 5554 RIVIERA DR.
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER D'ANGELO CEO 05/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date