2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L05000101687

Entity Name: EUROTECH CONTRACTORS LLC

Current Principal Place of Business:

1002 CLAEVEN CIRCLE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

1002 CLAEVEN CIRCLE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 20-3710395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KISS, DAVID G
1002 CLAEVEN CIRCLE
FORT WALTON BEACH, FL 32547 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: MGRM ( ) Delete
Name: KISS, DAVID G
Address: 1002 CLAEVEN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: KISS, ISTVAN
Address: 1002 CLAEVEN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM ( ) Change (X) Addition
Name: KISS, ROBERT
Address: 1002 CLAEVEN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: DAVID GABOR KISS, ISTVAN KISS, ROBERT KISS MGRM 04/26/2006

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