2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50179

Entity Name: PAVE-RITE, INC.

FILED Apr 25, 2006 Secretary of State

Entity Name: PAVE-RITE, INC.						
Current Pr	incipal Place o	of Business:	New Prince	New Principal Place of Business:		
3411 W. CF LECANTO,	RIGGER CT. FL 33461					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 6 LECANTO,						
FEI Number:	59-2992809	FEI Number Applied For () FEI	Number Not App	licable () Cert	ificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
DELGADO, L MICHAEL 21 CHINKAPIN CIRCLE HOMOSASSA, FL 34446 US			1306 S E k	DELGADO, L MICHAEL 1306 S E KINGS BAY DRIVE CRYSTAL RIVER, FL 34429 US		
The above in the State		ibmits this statement for the purpos	e of changing i	ts registered office	or registered agent, or both,	
SIGNATURE:				04/25/2006		
	Electronic	Signature of Registered Agent			Date	
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ()[DELGADO, L. MI 21 CHINKAPIN C HOMOSASSA, FI	IR.	Title: Name: Address: City-St-Zip:	PD (X) Chan DELGADO, L. MICHA 1306 S E KINGS BAY CRYSTAL RIVER, FL	DR	
Title: Name: Address: City-St-Zip:	VD () [KORSTICK, JEFI 711 W. LIBERTY HERNANDO, FL	STREET	Title: Name: Address: City-St-Zip:	VD (X) Chan KORSTICK, JEFFREY 6017 N PUEBLO TER DUNNELLON, FL 344	RACE	
Title: Name: Address: City-St-Zip:	ST ()ERONEY, JOAN 1155 DARTMOU INVERNESS, FL	Delete TH TERR.	Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	D ()[DELGADO, NANO 21 CHINKAPIN C HOMOSASSA, FI	IR.	Title: Name: Address: City-St-Zip:	D (X) Chan DELGADO, NANCY, 1306 S E KINGS BAY CRYSTAL RIVER, FL		
Title: Name: Address: City-St-Zip:	D ()[KORSTICK, JAYI 22 RED BAY CT. HOMOSASSA, FI	WEST	Title: Name: Address: City-St-Zip:	D (X) Chan KORSTICK, JAYNE 1769 N PROSPECT A LECANTO, FL 34461		
Title: Name: Address:	VD ()[AZZARELLI, JOS 97 ANTON CT		Title: Name: Address:	() Chan	ge () Addition	

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L MICHAEL DELGADO PRES 04/25/2006