


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003459 1. Entity Name INNOVATIVE CONSTRUCTION MATERIALS, LLC	
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Principal Place of Business 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243	Mailing Address 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



03312005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1685907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SRIVASTAVA, ASHVIN
951 COMMERCE BLVD. NORTH
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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 _____

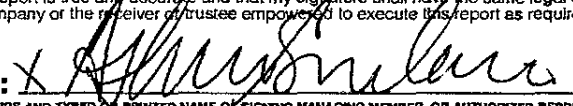
**Filing Fee is \$50.00
Due by May 1, 2005**

1100000321022
04/21/05-80062-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SRIVASTAVA, ASHVIN 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SRIVASTAVA, PRAMILA 951 COMMERCE BLVD. NORTH SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **4/16/05** **941-360-1388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #