2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # M03762

1. Entity Name

MATTHEW D'ANDREA GENERAL BUILDING CONTRACTOR, INC.



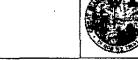
FILED Jan 23, 2006 08:00 AN **Secretary of State**

Principal Place of Business

4700 WEST PROSPECT RD. . .

#116

FORT LAUDERDALE, FL 33309



DO NOT WRIT	E IN T	THIS	SPACE
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Mailing Address

2700 OAKTREE CIRCLE FORT LAUDERDALE, FL 33309

> CR2E034 (11/05) 01182006 No Chg-P

4. FEI Number 59-2445342

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANELIDIS, NICK B. 2101 W. COMMERCIAL BLVD. SUITE 5550 FT. LAUDERDALE, FL 33309

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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent and title it applicable.				required when reinstailing)	DATE		
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🛘	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	•	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS D'ANDREA, MATTHEW 2700 OAKTREE CIRCLE FORT LAUDERDALE, FL 33309						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'ANDREA, MATTHEW 2700 OAKTREE CIRCLE FORT LAUDERDALE, FL 33309				01/26/06-80033-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'ANDREA, DIANE 2700 OAK TREE CIR FORT LAUDERDALE, FL 33309			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplying that 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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR