

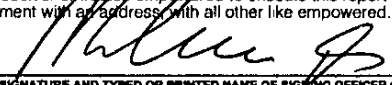


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03762</b>		
1. Entity Name <b>MATTHEW D'ANDREA GENERAL BUILDING CONTRACTOR, INC.</b>		
Principal Place of Business <b>4700 WEST PROSPECT RD. # 116 FORT LAUDERDALE, FL 33309</b>		Mailing Address <b>2700 OAKTREE CIRCLE FORT LAUDERDALE, FL 33309</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
		01092007 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>59-2445342</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent  <b>KANELIDIS, NICK B. 2101 W. COMMERCIAL BLVD. SUITE 5550 FT. LAUDERDALE, FL 33309</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		U000000588042 01/17/07-80054-024 150.00
<b>10. OFFICERS AND DIRECTORS</b>		
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'ANDREA, DIANE 2700 OAK TREE CIR FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.		
SIGNATURE: 		01-10-07 954-777-3080
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>