## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000014644

Title:

Name:

Address:

City-St-Zip:

( ) Delete

FILED Apr 25, 2005 Secretary of State

Entity Nam	IE: SPACE CC	AST BUILDERS AND CON	TRACTOF	RS, INC.					
Current Principal Place of Business:				New Principal Place of Business:					
100 RIALTO PLACE, SUITE 700 MELBOURNE, FL 32901				476 HWY A1A 5A SATELLITE BEACH, FL 32937					
Current Mailing Address:				New Mailing Address:					
100 RIALTO PLACE, SUITE 700 MELBOURNE, FL 32901				476 HWY A1A 5A SATELLITE BEACH, FL 32937					
FEI Number:	59-3625198	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certifica	ite of Status D	esired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								:nt:	
PALACIOS, FERNANDO M 100 RIALTO PLACE, SUITE 700 MELBOURNE, FL 32901 US									
The above in the State		bmits this statement for the	purpose o	f changing it	s registered	office or r	egistered ag	ent, or both,	
SIGNATUR									
Electronic Signature of Registered Agent					Date				
Election Cam	paign Financing 1	Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$					
Title: Name: Address: City-St-Zip:	PTD () D PARADIS, GERAL 100 RIALTO PLAC MELBOURNE, FL	CE, SUITE 700		Title: Name: Address: City-St-Zip:	PTD () PARADIS, GEI 476 HWY A1A SATELLITE BE	RALD F SUITE 5A	( ) Addition 32937		
Title: Name: Address: City-St-Zip:	( ) D	elete		Title: Name: Address: City-St-Zip:	VP ( DALEIDEN, PA 476 HWY A1A SATELLITE BE	ATRICK M SUITE 5A	(X) Addition 32937		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GERALD PARADIS PTD 04/25/2005

( ) Change (X) Addition

RIVERA, MELISSA

476 HWY A1A SUITE 5A

SATELLITE BEACH, FL 32937