


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P00000018923 1. Entity Name CONSTRUCTION AHEAD BUILDERS, INC. |  |
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| Principal Place of Business 117 KEY HAVEN ROAD KEY WEST, FL 33040 | Mailing Address 117 KEY HAVEN ROAD KEY WEST, FL 33040 |
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DO NOT WRITE IN THIS SPACE



07142006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0988935 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RAMSINGH, RAJINDHAR M
117 KEY HAVEN ROAD
KEY WEST, FL 33040

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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** _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAMSINGH, RAJINDHAR M 117 KEY HAVEN ROAD KEY WEST, FL 33040 |
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07/21/06-80004-006 158.75

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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: _____ **7/19/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #