

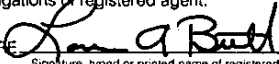
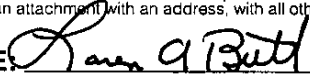


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90454 001 ***150.00
05-16-2005 90454 002 *****8.75

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # P00000040729 1. Entity Name C.L.B. CONSTRUCTION, INC. | | | |  | |
| Principal Place of Business 14980 LAKE HOUSE LANE, H-5 NAPLES, FL 34110 | | | Mailing Address 14980 LAKE HOUSE LANE, H-5 NAPLES, FL 34110 | | |
| 2. Principal Place of Business 14980 LAKE HOUSE LN Suite, Apt. #, etc. CONDO H5 | | 3. Mailing Address Suite, Apt. #, etc. SAME | |  | |
| City & State NAPLES FL | | City & State City & State | | 4. FEI Number 59-3657963 | |
| Zip 34110 | | Country COLLIER CT | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUTT, LOREN A 14980 LAKE HOUSE LANE CONDO H5 NAPLES, FL 34110 | | | | 7. Name and Address of New Registered Agent Name BUTT, CANDIS Street Address (P.O. Box Number is Not Acceptable) 14980 LAKE HOUSE LN CONDO H-5 City NAPLES FL Zip Code 34110 | |
| 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  DATE 5-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUTT, LOREN A 14980 LAKE HOUSE LANE, H-5 NAPLES, FL 34110 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRS CANDIS L BUTT 14980 LAKE HOUSE LN H5 NAPLES FL 34110 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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  | | | 5-10-05 2392644073 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |