2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 28, 2006
Secretary of State

DOCUMENT# P00000084284

Entity Name: C.W. CONSTRUCTION UNLIMITED INC.

Current Principal Place of Business:

2632 PEMBERTON DR. SUITE 102
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2632 PEMBERTON DR. SUITE 102
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3664899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, CRAIG
1433 ATLANTIS DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALLACE, CRAIG
Address: 9427 BEAR LAKE CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete
Name: VECCHIO, MICHEAL
Address: 709 CROSBY DR.
City-St-Zip: ALTAMONT SPRINGS, FL 32714

Title: AVP (X) Delete
Name: MANFREDE, LARRY M
Address: 6742 MERLIN CT.
City-St-Zip: ORLANDO, FL 32810

Title: FA (X) Delete
Name: MANFREDE, BRETT
Address: 6742 MERLIN CT.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change ( ) Addition
Name: WALLACE, CRAIG
Address: 9427 BEAR LAKE CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CRAIG WALLACE PR 06/28/2006

Electronic Signature of Signing Officer or Director — Date