


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90296 036 ***158.75

DOCUMENT # P01000009642 1. Entity Name CONSTRUCTION & CONSULTANTS ASSOCIATES, INC.					
Principal Place of Business 13902 CAPTAINS REEF COURT TAMPA, FL 33624		Mailing Address 13902 CAPTAINS REEF COURT TAMPA, FL 33624			
2. Principal Place of Business 4929 CYPRESS TRACE DR.		3. Mailing Address 4929 CYPRESS TRACE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa - Florida		City & State Tampa - Florida		4. FEI Number 59-3695698	
Zip 33624		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AREVALO, ORLANDO 13902 CAPTAINS REEF COURT TAMPA, FL 33624		7. Name and Address of New Registered Agent Name MERCADO, OSCAR Street Address (P.O. Box Number is Not Acceptable) 4929 CYPRESS TRACE DR. City Tampa - FL Zip Code 33624			
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 <u><i>Oscar Mercado</i></u> PRESIDENT 04/25/05 <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	PTD MERCADO, OSCAR 1535 KESTREL WAY BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AREVALO, ORLANDO 13902 CAPTAINS REEF COURT TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MERCADO, OSCAR 4929 CYPRESS TRACE DR Tampa - Florida - 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AREVALO, MARTHA 4929 CYPRESS TRACE DR. Tampa - Florida - 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: <u><i>Oscar Mercado</i></u> OSCAR MERCADO 04/25/05 (813)240-8386 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04262005 Chg-P CR2E034 (10/03)