
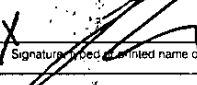
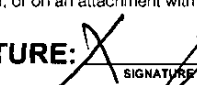


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90238 006 ***150.00

DOCUMENT # P01000046289 1. Entity Name MEN AT WORK CONSTRUCTION GROUP, INC.					
Principal Place of Business CITY CENTER SUITE 102 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948			Mailing Address 1600 TAMiami TRAIL STE 102 CITY CENTER BLD PORT CHARLOTTE, FL 33948		
2. Principal Place of Business 154 PORTOFINO DR Suite, Apt. #, etc. VENETIAN GOLF & RIVER		3. Mailing Address Suite, Apt. #, etc. 			
City & State N. VENICE FL		City & State 		4. FEI Number 65-1098194	
Zip 34275		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KABINOFF, LARRY S CITY CENTER SUITE 102 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 1-10-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D KABINOFF, LARRY S 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	154 PORTOFINO DR N. VENICE FL 34275	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEGA, GYL L 1600 TAMiami TRAIL PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	154 PORTOFINO DR N. VENICE FL 34275	
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	
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 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: 			Date 1-10-05 Daytime Phone # 561-707-6967		