


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000068531</b> 1. Entity Name <b>ASSOCIATED CONSTRUCTION INDUSTRIES, INC.</b>	
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Principal Place of Business <b>21218 ST ANDREWS BLVD SUITE 204 BOCA RATON, FL 33433-2449</b>	Mailing Address <b>21218 ST ANDREWS BLVD SUITE 204 BOCA RATON, FL 33433-2449</b>
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04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0379360</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**DEL VECCHIO, PAUL J  
21218 ST ANDREWS BLVD  
SUITE 204  
BOCA RATON, FL 33433-2449**

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IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1000000554149</b> <b>05/15/06-80080-008 159.75</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL VECCHIO, PAUL J 21218 ST ANDREWS BLVD STE 204 BOCA RATON, FL 334332449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEL VECCHIO, JACQUELINE 21218 ST ANDREWS BLVD STE 204 BOCA RATON, FL 334332449
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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: Jacqueline Del Vecchio Jacqueline Del Vecchio 4/27/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #