

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90104 013 ***150.00

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04062006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000121427					
1. Entity Name CONTACT CONSTRUCTIONS INC.					
Principal Place of Business 883 GOLDEN CANE DR WESTON, FL 33327 US			Mailing Address 883 GOLDEN CANE DR WESTON, FL 33327 US		
2. Principal Place of Business 851 Hawthron Terr		3. Mailing Address 851 Hawthron Ter			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Weston, FL		City & State Weston, FL		4. FEI Number 01-0547876	
Zip 33327		Country USA		Applied For Not Applicable	
Zip 33327		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINOL, CARMEN V 883 GOLDEN CANE DR WESTON, FL 33327			7. Name and Address of New Registered Agent Name FINOL, CARMEN V Street Address (P.O. Box Number is Not Acceptable) 851 Hawthron Terr City Weston, FL Zip Code 33327		
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>Carmen V. Finol</u> DATE <u>4/17/2006</u> <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, 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	PD PENALOZA, RUBEN 883 GOLDEN CANE DR WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENALOZA RUBEN 851 Hawthron Ter Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENALOZA, LUIS F 883 GOLDEN CANE DR WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENALOZA LUIS F 851 Hawthron Ter Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINOL, CARMEN V 883 GOLDEN CANE DR WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINOL, CARMEN V 851 Hawthron Ter Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, MARIA 883 GOLDEN CANE DR WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, MARIA 851 Hawthron Ter Weston, FL 33327 <input checked="" 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: <u>Carmen V. Finol</u>			DATE: <u>4/17/2006</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		