

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000029415</b>			
1. Entity Name <b>CONSTRUCTION RESOURCE TECHNOLOGY, INC.</b>			
Principal Place of Business <b>1515 INDIAN RIVER BLVD. A-222 VERO BEACH, FL 32960</b>	Mailing Address <b>1515 INDIAN RIVER BLVD. A-222 VERO BEACH, FL 32960</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03152004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>90-0017117</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>FECCA, MICHAEL A 1515 INDIAN RIVER BLVD. A-222 VERO BCH, FL 32960</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000118835 04/19/04-80076-008 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD FECCA, MICHAEL A 1515 INDIAN RIVER BLVD., A-222 VERO BCH, FL 32960		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD LAMELZA, JAMES 1515 INDIAN RIVER BLVD., A-222 VERO BCH, FL 32960		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD SPARACIO, CHRISTINE 1515 INDIAN RIVER BLVD., A-222 VERO BCH, FL 32960		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/15/04 888-506-7613	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	