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Jun 19, 2006 8:00 am
Secretary of State

05-08-2006 90295 040 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000102449

1. Entity Name
DGC CONSTRUCTION, INC.

66019659

04272006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
3400 WILD OAK BAY BLVD. #104 BRADENTON, FL 34210	3400 WILD OAK BAY BLVD. #104 BRADENTON, FL 34210
2. Principal Place of Business: 6113 45TH ST W	3. Mailing Address: 6113 45TH ST W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State: BRADENTON, FL
Zip: 34210 Country: MANATEE	Zip: 34210 Country: MANATEE

4. FEI Number: 02-0645074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYSEN, GONGJE
3400 WILD OAK BAY BLVD. #104
BRADENTON, FL 34210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6113 45TH ST W

City: BRADENTON FL Zip Code: 34210

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HYSEN, HASAN 3400 WILD OAK BAY BLVD. #104 BRADENTON, FL 34210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6113 45TH ST W BRADENTON FL 34210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HYSEN, GONGJE 3400 WILD WILD OAK BAY BLVD #104 BRADENTON, FL 34210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6113 45TH ST W BRADENTON FL 34210	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 06/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #