2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110110

Entity Name: PROFESSIONAL CONTRACTORS GROUP, INC

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9246 CHESTNUT TREE LOOP 9720 SPRINGLAKE CIRCLE FORT MYERS, FL 33912

ESTERO, FL 33928

Current Mailing Address:

New Mailing Address:

P.O. BOX 366044 BONITA SPRINGS, FL 34136

FEI Number: 20-0289523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTEIRO, MANUEL P 9246 CHESTNUT TREE LOOP FORT MYERS, FL 33912

MONTEIRO, MANUEL P 9720 SPRINGLAKE CIRCLE ESTERO, FL 33928

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.

SIGNATURE: MANUEL P. MONTEIRO 05/01/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete MONTEIRO, MANUEL P Name: 9246 CHESTNUT TREE LOOP Address: City-St-Zip: FORT MYERS, FL 33912

Title: () Delete GIGLIOTTI, ELISABETTA Name: 9246 CHESTNUT TREE LOOP Address: FORT MYERS, FL 33912

City-St-Zip:

Title: (X) Change () Addition MONTEIRO, MANUEL P Name: Address: 9720 SPRINGLAKE CIRCLE

City-St-Zip: ESTERO, FL 33928

Title: (X) Change () Addition Name: GIGLIOTTI, ELISABETTA Address: 9720 SPRINGLAKE CIRCLE ESTERO, FL 33928 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MANUEL P. MONTEIRO 05/01/2006