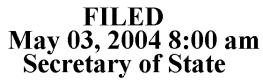
2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000117638



05-03-2004 90765 002 ***150.00

1. Entity Name		ONSTRUCT	ION, INC.									
·							TEST		TI	01100	v	
Principal Place of Business				Mailing Address							•	
3781 FRUIT LOOP CIRCLE KIŞSIMMEE, FL 34741 US				717 EAST OAK STREET Kissimmee, Fl. 34744 US								
2 Oringinal Pi	lace of Busin	0000	13	Mailing Address								
2. Principal Place of Business									iding 1131 Ba 114 Ba 114 B	Liji: LL A A		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04032004	Chg-P	CR2E0	34 (10/03)	
City & State				City & State				4. FEI Numbe	er -031773	5		phied For ot Applicable
Zip	1 Country		7	Zip Coun		try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current				Registered Agent				7. Name and	Address of New	Registered A	\gent	······································
	-					_Name					~	-
JARRELL, JOHN 3781 FRUIT LOOP CIRCLE KISSIMMEE, FL 34741						Street Ac	dress (P.O. Box Numbe	er is Not Acceptab	ole)		·
						City					Zip Cod	Α
						'		-		FL		
8. The above the obligati	named entit ions of regist	y submits this state tered agent.	ement for the p	purpose of changing its	registere	ed office or	register	red agent, or bot	h, in the State of F	Florida. I am I	familiar with,	and accept
SIGNATURE_	Signature, typed	tex printed name of regist	ered agent and title	if applicable. (NOT	E: Registere	d Agent signatu	re required	d when reinstating)		DATE	۲,	•
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150 4 fee will be	.00 \$550.00	9. Election Campa Trust Fund Cont		ncing	\$5 . Add	.00 May Be led to Fees				J.
10.		OFFICE	RS AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS		., ĴOHN; JIT LOOP CIRCI	_E	- Delete				~ · · · <u>~</u>			☐ Change	☐ Addition
CITY-ST-ZIP	SD	EE, FL 34741		☐ Delete	TITLE				•		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	JARRELL 3781 FRU		Æ			E ET ADDRESS -ST-ZIP						
TITLE NAME				☐ Defete	TITL	E					☐ Change	Addition
STREET ADDRESS CITY - ST - ZIP		•	•	٠		et address** -st-zip		- ·	<u></u> -			_
TITLE				☐ Delete	TITU						Change	- Addition
NAME					NAM	ET ADDRESS		•				
STREET ADDRESS CITY-ST-ZIP		•				-ST-ZIP					-	
TITLE .				☐ Defete	1111	i	·				☐ Change	☐ Addition
NAME					NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP						+
TITLE NAME	-		7	Delete	- TITL	E E			τ.		☐ Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP		• • • •		± ° UA		ET ADDRESS - ST-ZIP		. ***				
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR