

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90379 032 \*\*\*150.00

**60024493**



03222006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000124493</b> 1. Entity Name <b>ALL TRADES OF CONSTRUCTION &amp; RESTORATION INC</b>			
Principal Place of Business <b>815 2ND AVE NW</b> <b>RUSKIN, FL 33570 US</b>		Mailing Address <b>815 2ND AVE NW</b> <b>RUSKIN, FL 33570 US</b>	
2. Principal Place of Business <b>815 2nd Ave NW</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1245</b> Suite, Apt. #, etc.	
City & State <b>Ruskin FL</b> Zip <b>33570</b> Country <b>US</b>		City & State <b>Ruskin FL</b> Zip <b>33575</b> Country <b>Hillsborough US</b>	
4. FEI Number <b>20-0383880</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>RIVERVIEW FINANCIAL &amp; ACCTG SVC INC</b> <b>7039 US HWY 301 S</b> <b>RIVERVIEW, FL 33569</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>KONITZER, BRIAN P</b> <b>815 2ND AVE NW</b> <b>RUSKIN, FL 33570</b> <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	<b>V</b> <b>KONITZER, MELISSA F</b> <b>815 2ND AVE NW</b> <b>RUSKIN, FL 33570</b> <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
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.			
<b>SIGNATURE:</b> <u>Brian Konitzer</u> <u>5/30/06</u> <u>866-374-1114</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			