2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # P03000 ONSTRUCTION COM	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	j e z	
Principal Place 4200 SUMM # 9209 ORLANDO, FI	IT CREEK BLVD	Mailing Address 4200 SUMMIT CREEK BLVD # 9209 ORLANDO, FL 32837 OC					
ם	O NOT WRI	CE	04132006 No Chg-F			oplied For or Applicable ditional	
4200 SUN # 9209 ORLANDO	6. Name and Address of Circard	urrent Registered Agent The purpose of changing its register	ed office or registe	IN TI	IOT WI	ACE	and accept
SIGNATURE_ FIL After Ma	Signalure, typed or printed name of register E NOWIII FEE IS \$150.0 By 1, 2008 Fee will be \$	9. Election Campaign Fina		.00 May Be		DATE	
10. ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICER: P RABBANIFARD, ALIASGH 4200 SUMMIT CREEK B: ORLANDO, FL 32837					00528 011 6-80018 -0 20	3 150.0
NAME STREET AUDRESS			1	DO 1	IOT M	OITE	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the examptions 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ESP

NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/18/06

Daytime Phone #