
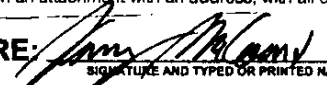


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90026 003 ***150.00

DOCUMENT # P04000011902			
1. Entity Name ALL AMERICAN CONSTRUCTION, INC.			
Principal Place of Business 2865 PLUMMERS COVER RD., #3 JACKSONVILLE, FL 32223		Mailing Address 2865 PLUMMERS COVER RD., #3 JACKSONVILLE, FL 32223	
2. Principal Place of Business 9428 Baymeadows rd Suite, Apt. #, etc. Ste 500 City & State Jacksonville FL Zip 32256		3. Mailing Address 9428 Baymeadows rd Suite, Apt. #, etc. Ste 500 City & State Jacksonville FL Zip 32256	
6. Name and Address of Current Registered Agent GOECKEL, STANLEY B 3439 DOCKSIDER DR. S. JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOND, GARY 2865 PLUMMERS COVE RD. #3 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9428 Baymeadows rd #500 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOMB, KENNETH 2865 PLUMMERS COVE RD. #3 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9428 Baymeadows rd #500 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOND, AMANDA 2865 PLUMMERS COVE RD. #3 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9428 Baymeadows rd #500 Jacksonville FL 32256
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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.			
SIGNATURE:  Kenny McComb		Date: 1-31-2006 Daytime Phone #: 904-493-3709	