2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 08:00 AM DOCUMENT # P04000023794 **Secretary of State** 1. Entity Name MICHAEL S. MLEKO BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address 8007 PASO ROBLES BLVD 8007 PASO ROBLES BLVD FT PIERCE, FL 34951 FT PIERCE, FL 34951 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2356891 Not Applicat \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MLEKO, MICHAEL DO NOT WRITE 8007 PASO ROBLES BLVD FT PIERCE, FL 34951 IN THIS SPACE 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 accerthe obligations of registered agent. Signature, typad or printed name of registered agent and title if applicable. (NOTE, Registered Apent signature required when reinstating) H00000379926 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/10/06-80037-024 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE MLEKO, MICHAEL NAME STREET ADDRESS 8007 PASO ROBLES BLVD CITY-ST-ZIP FT PIERCE, FL 34951 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 s changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/5/06 772-461-5245 Date Dayling Phone *