

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000030085</b>																																		
1. Entity Name NATIONWIDE CONSTRUCTION SERVICE, INC																																		
Principal Place of Business 5240 E. COLONIAL DR SUITE F ORLANDO, FL 32807	Mailing Address 5240 E. COLONIAL DR SUITE F ORLANDO, FL 32807	  04272006    No Chg-P    CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 20-1046138</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/>    \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-1046138	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
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<b>DO NOT WRITE IN THIS SPACE</b>																																		
6. Name and Address of Current Registered Agent  MESA, AL 5240 E. COLONIAL DR SUITE F ORLANDO, FL 32807		<b>DO NOT WRITE IN THIS SPACE</b>																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																		
<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"/> \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">P/D</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">VERDUGO, MAURO</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">308 S. WETMORE ST</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">LAKE WALES, FL 33853</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	P/D	NAME	VERDUGO, MAURO	STREET ADDRESS	308 S. WETMORE ST	CITY - ST - ZIP	LAKE WALES, FL 33853	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  UN00000558044 05/17/06-80121-012 150.00
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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: 		4-26-06    (407) 448-1176 <small>Date    Daytime Phone #</small>																																