2006 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 31, 2006 08:00 AN Secretary of State DOCUMENT # P04000043032 1. Entity Name MIDDLEWOOD CONSTRUCTION, INC.

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Principal Place	e of Business	3		ng Address			-	=					
				176 NICHOLS RD SOPCHOPPY, FL 32358									
SUPURUPP1,	, FL 32330		301	GHOIT I, IL JEJO				# ####### ############################		(1) 41 (5 F1 (1)	EST II 1 1501	###### (1997) (17	ואשנו 13 נשחון
2. Principal Place of Business 3.				. Mailing Address									
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Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01242006	Chg-P	C	R2E034	4 (11/05)		
City & State			City	City & State				4. FEI Numb 20-084					piled For at Applicable
Zip	Zip Country			Zip Country			-	5. Certificate	of Status Desi	red [8.75 Add	
6. Name and Address of Current Regis				itered Agent				7. Name and	Address of N	ew Regist	ered Ag	ent	
NICHOLS, AMANDA 176 NICHOLS RD				1 :	Name							<u></u> .	
							Street Address (P.O. Box Number is Not Acceptable)						
SOPCHOPPY, FL 32358													
					City		· · · · · · · · · · · · · · · · · · ·			FL	Zip Code	9	
	named entiti	y submits this statement for	the pun	oose of changing its	register	ed office or 1	register	ed agent, or bo	th, in the State	of Florida.	l am fa	miliar with,	and accept
tite opuñar	ions or regis:	oled agoss.						-					
SIGNATURE_	Signature, typed	or printed name of registered agent a	nd title if ap	plicable. (NOT	E. Registore	d Agent signatur	e required	when refristating)			DATE	- 477 AM	· 84
				9. Eléction Campa	ion Finar	ocina	¢5	00 May Be					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				Trust Fund Cont				ed to Fees					
10.		OFFICERS AND	DIRECTO		11.			ADDITIONS,	CHANGES TO	OFFICER	S AND E	DIRECTORS	S IN 11
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12. I hereby of indicated	certify that th I on this repo	e Information supplied with rt or supplemental report is	this filing	g does not qualify for accurate and that	or the exi my signa	emptions co ture shall ha	intained we the	i in Unapter 11: same legal effe	e, Florida Statu ct as if made ui	ites. I turth nder oath:	er certify that I an	/ that the ir n an officer	normation or director

indicated on this report of supplemental report is line and accurate and that my signature shall have the same legal effect as it 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #