2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					FILED			
DOCU 1. Entity Nam	MENT # P040000432		FILED Apr 14, 2008 08:00 A Secretary of State					
DOOLITT	LE CONSTRUCTION, INC.				Se	ecreta	ry of State	
Principal Place of Business Mailing Address 1611 NW 71ST TERRACE 1611 NW 71ST TERRACE HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024								
	OO NOT WRITE	CE	03162008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For					
				56-242 5. Certificate	25901 e of Status Desired		Not Applicable 75 Additional Required	
	6. Name and Address of Current Ro	gistered Agent	ciniii sia inigirmanidi Suma parti alemanida	i Oladanus vinda Oladani tambani	i 2. Jahry 12. jahri 12. inggris 11. sagar 12. jahri 13. inggris	of similar or and some	ne weigh inean linear i	
1611 NW	LE, PAUL D 71ST TERRACE DOD, FL 33024	DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for t tions of registered agent. Signature, typed or printed name of registered agent and		ed office or register		oth, in the State of Flor	ida. I am fami	liar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Foo will be \$550.0(00 May Be d to Fees U00000897687 04/25/08-80058-003 150.00		150.00	
10.	OFFICERS AND D	RECTORS	HEALT FLORENCE CONTRACTOR	a desirente de la compania			. Da Sarenae al la Bridge Politica de la Calabara	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTS DOOLITTLE, PAUL D 1611 NW 71ST TERRACE HOLLYWOOD, FL 33024							
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TITLE NAME STREET ADDRESS CHY-ST-ZIP							The state of the s	
TITLE NAME STREET ADDRESS				The state of the s		And the second s		

12. I hereby certify that the information supplied with this filling 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: Ya

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFF

4/6/08 954536