


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90008 007 \*\*\*150.00

<b>DOCUMENT # P04000048040</b>	
1. Entity Name <b>CONTRACTOR'S DIRECT OF PALM BEACH, INC.</b>	

Principal Place of Business <b>13889 GERANIUM PL WELLINGTON, FL 33411</b>	Mailing Address <b>13889 GERANIUM PL WELLINGTON, FL 33411</b>
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**50062444**

2. Principal Place of Business <b>2200 S.W. HAYWORTH AVE.</b>	3. Mailing Address <b>2200 S.W. HAYWORTH AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PORT ST. LUCIE, FL.</b>	City & State <b>PORT ST. LUCIE, FL</b>
Zip <b>34953</b>	Zip <b>34953</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

07252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0537630</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>ORTIZ, CLEMENCIA 13889 GERANIUM PL WELLINGTON, FL 33411</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ORTIZ, CLEMENCIA 13889 GERANIUM PL WELLINGTON, FL 33411</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OCHOA, FREDDY 3160 N JOG RD W PALM BEACH, FL 33411</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 exemption stated in Section 119.07(3)(i), 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: Clemencia Ortiz **CLEMENCIA ORTIZ** 08/15/05 (561) 871-6171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50062444

August 15, 2005

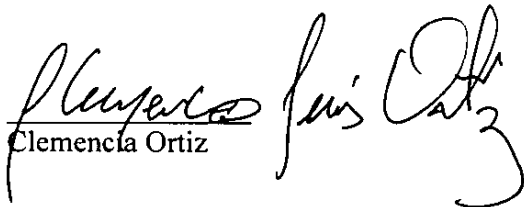
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: CONTRACTOR'S DIRECT OF PALM BEACH, INC  
P04000048040

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2005 Annual Report. I never received the original notice and I did not know the Corporation was going to be dissolved.

Sincerely,

  
Clemencia Ortiz