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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000073636

1. Entity Name

CONSTANTINE HOLDINGS INC.



Principal Place of Business

1800 SUNSET HARBOR DRIVE

PENTHOUSE 5

MIAMI BEACH, FL 33139

Mailing Address

60 EAST 42ND STREET SUITE 1523

NEW YORK, NY 10165

FILED Jul 31, 2006 8:00 am Secretary of State

07-31-2006 90094 001 ***155.00 07-31-2006 90094 002 *****3.75

DOUMBROT



07272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1116785

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DASH, JOHN P III

1800 SUNSET HARBOR DRIVE
PENTHOUSE 5

MIAMI REACH EL 33139

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MIAMI BEACH, FL 33139			IN THIS SPACE		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registers	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	ECTORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEMOND, JAMES 1800 SUNSET HARBOR DRIVE MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME					

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 employered 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TUPE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trostee

Dale Daytime