


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90288 048 ***150.00

DOCUMENT # P04000090439					
1. Entity Name PROMETHIAN CONSTRUCTION, INC.					
Principal Place of Business 800 W CYPRESS CREEK ROAD 470 FORT LAUDERDALE, FL 33309 US			Mailing Address 800 W CYPRESS CREEK ROAD 470 FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business 800 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. SUITE 465 City & State FORT LAUDERDALE, FL Zip Country 33309 USA		3. Mailing Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465 City & State FORT LAUDERDALE, FL Zip Country 33309 USA			
4. FEI Number 27-0094145				Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEGEL, LARRY P 800 W CYPRESS CREEK ROAD 470 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK ROAD SUITE 470 City FORT LAUDERDALE FL Zip Code 33309		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEGEL, LARRY P 800 W CYPRESS CREEK ROAD, SUITE 470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGEL, LARRY 800 W. CYPRESS CREEK ROAD, SUITE 470 FORT LAUDERDALE, FL 33309	<input checked="" 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
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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 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: <i>Larry Legel</i> LARRY LEGEL DIRECTOR			4.28.6 Date Daytime Phone #		