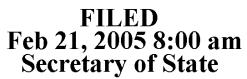
2005 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name	MENT # P04000119 WALL & CONSTRUCTION					02-21-2005 90	_		
Principal Place	e of Business	Mailing Address	-						
4122 WELLINGTON WOODS CIRCLE 4122 WELLINGTON WOODS			ODS CIRCLE		9	001401	•		
SUITE 201 SUITE 201 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741				=	A	0014019	.		
KIŞŞIMMEE, I	L 34/41	, (COSHINEE, LE 347 41							
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					01212005	Chg-P	CR2E0	34 (10/03)	i
City & State		City & State		•	4. FEI Number	0405	38	· ——	plied For I Applicable
Zip	Country	Zip	Country .		5. Certificate o	of Status Desired		\$8.75 Addi Fee Required	
**************************************	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New R			-
1. 1. 1.			Name						·
DZIJA, AURORA L MRS. 4122 WELLINGTON WOODS CIRCLE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 201	E. FL: 34741								
THOUMING, LE ON TH			City				F!	Zip Code	
9 The above	named entity submits this statement for	or the number of changing its	registered office or	renister	ed agent, or both	in the State of Ek		familiar with.	and accept
	ions of registered agent.	or the purpose of changing its	registered office of	register	A gr	, in the state of the	3,100, 1011	Tarring William	
SIGNATURE_						_ <u>_</u>	<u> </u>		
CIGITITION C	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatu	re required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE	D	Delete	TITLE					☐ Change	☐ Addition
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12. I hereby	certify that the information supplied wit	h this filing does not qualify for	or the exemption sta	ted in Se	ection 119.07(3)(i)), Florida Statutes.	I further ce	rtify that the ir	nformation
indicated	i on this report or supplemental report (is true and accurate and that	my signature snail r	iave the	same legal ellect	as it made under	oatn; mat i	am an omçei	or director
indicated of the coll changed	certify that the information supplied wit i on this report or supplemental report reporation or the receiver or trusted emp , or on an attachment with an address,	is true and accurate and that powered to execute this repor with all other like empowered	my signature shall r t as required by Cha L	apter 601	7, Florida Statutes	s; and that my nam	ne appears	in Block 10 or	or director Block 11 if