2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000127279

1. Entity Name
MEA CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
9015 TOWN CENTER PARKWAY SUITE 105 LAKEWOOD RANCH, FL 34202 US	9015 TOWN CENTER PARKWAY SUITE 105 LAKEWOOD RANCH, FL 34202 US

04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1604157

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUBINO, GEORGE K
9015 TOWN CENTER PARKWAY
SUITE 105
LAKEWOOD RANCH, FL 34202

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000514977
04/29/06-80189-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DOCTORA, ROLANDO
STREET ADDRESS	9015 TOWN CENTER PARKWAY, SUITE 10
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202
TITLE	VD
NAME	BRADY, GLORIA
STREET ADDRESS	9015 TOWN CENTER PARKWAY, SUITE 10
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202
TITLE	PD
NAME	RUBINO, GEORGE
STREET ADDRESS	9015 TOWN CENTER PARKWAY, SUITE 10
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202
TITLE	VD
NAME	BRADY, SCOTT
STREET ADDRESS	9015 TOWN CENTER PARKWAY, SUITE 10
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202
TITLE	VD
NAME	WATERS, LISA
STREET ADDRESS	9015 TOWN CENTER PARKWAY, SUITE 10
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202
TITLE	V
NAME	RUSH, JONNE
STREET ADDRESS	9015 TOWN CENTER PARKWAY, SUITE 10
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202

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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: _____ 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #