2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

Montrop Place of Business Suffe No PRRIVAY 11220 METRO PARKINAY 11220 METRO PARKINA	DOCUMENT # P04000147955 1. Entity Name FORTUNE ELECTRICAL CONSTRUCTION, INC.					01-23-2006 90035 009 ***150.00				
Suito, Apt. #, etc. Suito, Apt. #, etc. Cry & State	11220 METRO PARKWAY 11220 METRO PARKWAY SUITE 17 SUITE 17					- 	Tik dibil Caka Cyik i	ENIRI II GW 8/24 (18/2 www.	NRI BAYBBI 12 4881	
City & State Country City & State Country City & State Country City & State Country City Country City Country	2. Principal f	Place of Business	3. Mailing Address							
A 2-1650078			Suite, Apt. #, etc.			01162006	Chg-P	CR2E034 (11/	05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Abover named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accep	City & State		City & State		10.105055					
Name	Zip	Country	Zip	Country		5. Certificate o	f Status Desired	\$8.75 Fee Re	Additional quired	
LEWIS, RANDY H 1/220 METRO PKMY STE 17 FORT MYERS, FL 33912 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Sig	_ :	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent		
SIZE ADDRESS OF SET A	S FINIC DANIDALI				Name					
6. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signat	11220 METRO PKWY STE 17				Street Address (P.O. Box Number is Not Acceptable)					
6. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signat					No.					
SIGNATURE Signature Part Part					•	rL '				
Sprature, Sporal or printed name of ingratored append and the ill appoileds in the North Registeries Appendingmants required when retrialization productions. St. 200 May Be Added to Fees and Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT LEWIS, RANDY H NAME SIREET ADDRESS CITY-ST-2IP TITLE DVPS HOLMES, MICHAEL E STREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CIT	8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing in	s registered o	office or registe	red agent, or both	, in the State of F	Torida. I am familiar	with, and accept	
After May 1, 2006 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DPT	SIGNATURE.		and title if applicable. (NO	TE: Registered Ag	ent zignature required	d when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME ANA STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET						.00 May Be led to Fees				
NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-			DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIREC	TORS IN 11	
SIREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET ADDRESS CIT		= · ·	Delete					Cha	nge 🔲 Addition	
CITY-ST-ZIP FORT MYERS, FL 33912 TITLE NAME HOLMES, MICHAELE 4730 KITTIWAKE COURT NAPLES, FL 34119 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRE					00000					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S										
CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP ESTERO, FL 33928-3059 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-		DVGG		_	DV1				nge 🔲 Addition	
CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP ESTERO, FL 33928-3059 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-		· ·			HOL	HOLMES, MICHAEL E.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS		NAPLES, PL 34119			ZIP E 5	EKO, FL	פאדככ.			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		L. Delete					∐ Cha	ige [_] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l			•	DDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-	ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Defete	TETLE		-		☐ Cha	nge 🗌 Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			П		ir	-				
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition								☐ Cna	ige [] Addition [
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	i				DRESS					
NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP	CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				☐ Chai	ge 🗌 Addition	
CITY-ST-ZIP CITY-ST-ZIP										
					1					
	Jan Or Alf			■ OHE-91-4				-		

2. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of upplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the belief of 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 attachin in the part of the property of the corporation and the property of the corporation or the page 12 or 12 or 13 or 14 or 14 or 15 or

SIGNATURE:

MICHAEL E. HOLMES DVPS

1-16-06 239-936-0505

Date

Daytime Phone #