
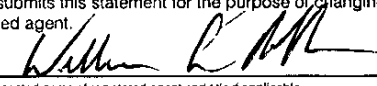
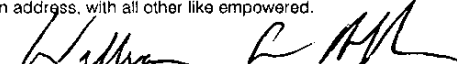


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90073 005 \*\*\*150.00

<b>DOCUMENT # P04000152823</b> 1. Entity Name <b>ALL INCLUSIVE CONSTRUCTION CORP.</b>					
Principal Place of Business <b>5802 GRADEY PASS GALLOWAY, OH 43119 US</b>			Mailing Address <b>5802 GRADEY PASS GALLOWAY, OH 43119 US</b>		
2. Principal Place of Business <b>1100 Treasure Cay Drive</b> Suite, Apt. #, etc. <b>Suite 208</b>		3. Mailing Address <b>18 Shore Drive</b> Suite, Apt. #, etc.			
City & State <b>Fort Pierce, Florida</b>		City & State <b>Oakdale, NY</b>			
Zip <b>34947</b>		Country <b>USA</b>		Zip <b>11769</b>	
Country <b>USA</b>		4. FEI Number <b>83-0410410</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAW OFFICES OF STEVEN J. JACOBSON, P.A. 5701 NORTH PINE ISLAND ROAD SUITE 320 FORT LAUDERDALE, FL 33321</b>				7. Name and Address of New Registered Agent Name <b>William A. Robles</b> Street Address (P.O. Box Number is Not Acceptable) <b>1100 Treasure Cay Drive</b> <b>Suite 208</b> City <b>Fort Pierce</b> <b>FL</b> Zip Code <b>34947</b>	
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 <b>x</b>  <b>William A. Robles, V.P.</b> <b>2/15/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>President John P. Robles 5802 Gradey Pass Galloway, OH 43119</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>Vice President William A. Robles 18 Shore Drive Oakdale, NY 11769</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 exemption stated in Section 119.07(3)(i), 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: <b>x</b>  <b>2/15/05</b> <b>(631) 664-1992</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					