2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Jul 31, 2006 8:00 am Secretary of State **DOCUMENT # P04000172730** 07-31-2006 90001 018 ***158.75 AMERICAN GENERAL CONTRACTING CORPORATION Principal Place of Business Mailing Address **UUD#UUJ** 6328 COCOA LANE 6328 COCOA LANE APOLLO BEACH, FL 33572 US APOLLO BEACH, FL 33572 US 3. Mailing Address 2. Principal Place of Business 4630 S. LAMESHORE DIR RO. Box 24290 Şuite, Apt. #, etc. 07262006 CR2E034 (11/05) Chg-P #126 City & State TEMPE AZ City & State 4. FEI Number Applied For TEMPE AZ 20-2086134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \im my A STA~(E) Street Address (P.O. Box Number is Not Acceptable) STANLEY, JIMMY A 6328 COCOA LANE APOLLO BEACH, FL 33572 10311 SALIBURY STreet Zip Code City RIVERYIELY 33569 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. Jim STANLEY 7-75-06 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered A tor Veguired when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Chance Addition TITLE ☐ Delete REHART, RICK NAME NAME 10311 SALISBURY STREET STREET ADDRESS STREET ADDRESS CITY+ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP STANLEY, Jimmy A Change Addition 4630 S. LAKESHOPE DE # 126 TITLE VΡ ☐ Delete TITLE STANLEY, JIMMY A NAME NAME 6328 COCOA LANE STREET ADDRESS STREET ADDRESS TEMPE AZ 8578Z CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH, FL 33572 ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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.

FILED

ATTACHMENT

Stanley Contracting, Inc. P.O. Box 24290 Tempe, AZ 85285

P.O. Box 24290 Tempe, AZ 85285
Phone: 602-639-0293 Fax: 480-456-8737
stanleycontracting@msn.com

Transmittal

To: FC	Lonida Cos	P V.U.S.WFrom	Jihn S	Taulay	_
Fax: #		Pgs:			
PH:		Date:	7-75-0	6	_
RE:	LOVNUAL	RIZPORT		·	_
\f]urgent	[]for review	[]please comment	[]please reply	[]please recycle	
Cate	Bec	NUAL PR	WAG	- OF	AN
ADDY	NNUAL	REPORT T	I D'D	r Ton	Eceive