

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90019 040 \*\*\*150.00

<b>DOCUMENT # P05000017654</b>					
<b>1. Entity Name</b> BEGLEY CONSTRUCTION, INC.					
<b>Principal Place of Business</b> 42 GRANT COURT E. NORTHPORT, NY 11731			<b>Mailing Address</b> 42 GRANT COURT E. NORTHPORT, NY 11731		
<b>2. Principal Place of Business</b> 352 SAN REMO DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 352 SAN REMO DR Suite, Apt. #, etc.			
<b>City &amp; State</b> JUPITER FL Zip 33458 Country PALM BEACH		<b>City &amp; State</b> JUPITER FL Zip 33458 Country PALM BEACH		<b>4. FEI Number</b> 20-2287495	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BEGLEY, DERMOT 352 SAN REMO DRIVE JUPITER, FL 33458			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b> SIGNATURE <u>[Signature]</u> <span style="float: right;">3/15/06</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST BEGLEY, DERMOT M 42 GRANT COURT E. NORTHPORT, NY 11731	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	352 SAN REMO DR JUPITER FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	352 SAN REMO DR JUPITER FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	352 SAN REMO DR JUPITER FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/18/06</u> Daytime Phone #			