

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032462

FILED  
Apr 03, 2006  
Secretary of State

Entity Name: CENTRAL FLORIDA FRAMING AND CONCRETE, INC.

## Current Principal Place of Business:

P.O BOX 560148  
ORLANDO, FL 32856

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 560148  
ORLANDO, FL 32856

## New Mailing Address:

FEI Number: 20-2434550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIS, MARK C  
Address: P.O. BOX 560148  
City-St-Zip: ORLANDO, FL 32856

Title: T ( ) Delete  
Name: MULLER, ROLF H  
Address: 4366 AQUA VISTA DR.  
City-St-Zip: ORLANDO, FL 32839

Title: S (X) Delete  
Name: MORRISSETTE, WILFRED  
Address: 2414 LEMONTREE LANE  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: DAVIS, MARK C  
Address: P.O. BOX 560148  
City-St-Zip: ORLANDO, FL 32856

Title: VPT (X) Change ( ) Addition  
Name: MULLER, ROLF H  
Address: 4366 AQUA VISTA DR.  
City-St-Zip: ORLANDO, FL 32839

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. DUERR, CPA

AGNT

04/03/2006

Electronic Signature of Signing Officer or Director

Date