

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90182 006 \*\*\*150.00

<b>DOCUMENT # P05000036276</b> 1. Entity Name <b>BORA CONSTRUCTION INC.</b>																													
Principal Place of Business <b>3040 EASTLAND BLVD</b> <b>#108</b> <b>CLEARWATER, FL 33761</b>			Mailing Address <b>3040 EASTLAND BLVD</b> <b>#108</b> <b>CLEARWATER, FL 33761</b>																										
2. Principal Place of Business <b>14196 POMONA AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>→ SAME</b> Suite, Apt. #, etc.																											
City & State <b>SPRING HILL, FL</b>		City & State		4. FEI Number <b>20-2461744</b>																									
Zip <b>34609</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>MALSKY, BOGDAN</b> <b>3040 EASTLAND BLVD</b> <b>#108</b> <b>CLEARWATER, FL 33761</b>			7. Name and Address of New Registered Agent Name <b>BOGDAN MALSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>14196 POMONA AVE.</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34609</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 <u><i>Bogdan Malsky</i></u> <b>REG. AGENT</b> <b>3/19/06</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, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MALSKY, BOGDAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3040 EASTLAND BLVD, #108</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33761</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	MALSKY, BOGDAN		STREET ADDRESS	3040 EASTLAND BLVD, #108		CITY-ST-ZIP	CLEARWATER, FL 33761		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>14196 POMONA AVE.</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>SPRING HILL, FL 34609</b></td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>14196 POMONA AVE.</b>	CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>				
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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.																													
SIGNATURE: <u><i>Bogdan Malsky</i></u> <b>BOGDAN MALSKY</b> <b>3/19/06</b> <b>727-647-9446</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

40066221



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