


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90006 026 ***150.00

DOCUMENT # P05000058452 1. Entity Name BELARUS CONSTRUCTION, INC.					
Principal Place of Business 1057 CASSIA STREET NORTH PORT, FL 34286			Mailing Address 1057 CASSIA STREET NORTH PORT, FL 34286		
2. Principal Place of Business 3925 Radcliff Ave.		3. Mailing Address 3925 Radcliff Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State North Port, FL		City & State North Port, FL		4. FEI Number 20-2719420	
Zip 34286		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34286		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUNCHYK, ILONA A 1057 CASSIA STREET NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3925 Radcliff Ave. City North Port FL Zip Code 34286		
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>Ilona Dunchyk</i></u> <i>president</i> <u>01-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P DUNCHYK, ILONA A 1057 CASSIA STREET NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3925 Radcliff Ave North Port, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNCHYK, ALIAKSANDR G 1057 CASSIA STREET NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3925 Radcliff Ave. North Port, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DUNCHYK, VADZIM A 1057 CASSIA STREET NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3925 Radcliff Ave. North Port, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALOGUB, VASILIIY S 3102 CHASTAIN STREET NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete		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"/> Delete	<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"/> Delete	<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 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>Ilona Dunchyk</i></u> <i>president</i> <u>01-26-06</u> <u>941 258 0192</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					