

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000071692

FILED
May 09, 2006
Secretary of State

Entity Name: AE CONSTRUCTION GROUP, CORP

Current Principal Place of Business:

4793 CASON COVE DR
APT 806
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4793 CASON COVE DR
APT 806
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 20-2851404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNT BOOKKEEPING CORP
5950 LAKEHURST DR
SUITE 246
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALMEIDA, EDABEL E
Address: 4793 CASON COVE DR APT 806
City-St-Zip: ORLANDO, FL 32811 US

Title: VP () Delete
Name: LOPES NETO, ALARICO F
Address: 4708 WALDEN CIRCLE APT 1817
City-St-Zip: ORLANDO, FL 32811 US

Title: S () Delete
Name: CASTILHO, ARIOSVALDO A
Address: 4708 WALDEN CIRCLE APT 1817
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALMEIDA, EDABEL E
Address: 4793 CASON COVE DR APT 806
City-St-Zip: ORLANDO, FL 32811 US

Title: VP (X) Change () Addition
Name: LOPES NETO, ALARICO F
Address: 4719 ALEXIS DR
City-St-Zip: KISSIMMEE, FL 34746 US

Title: T (X) Change () Addition
Name: LUIZ, MODESTO F
Address: 4793 CASON COVE DR APT 806
City-St-Zip: ORLANDO, FL 32811 US

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: EDABEL E ALMEIDA

DP

05/09/2006

Electronic Signature of Signing Officer or Director

_____ Date