FILED
May 16, 2006 8:00 am
Secretary of State

04-21-2006 90117 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000096328

1. Entity Name
MASTER CONSTRUCTION CONSULTANTS, INC.

66016623

Principal Place of Business	Mailing Address
1215 N MAIN ST KISSIMMEE, FL 34744	1215 N MAIN ST KISSIMMEE, FL 34744

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1714 Kelley Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, Florida	City & State:
Zip: 34744 Country:	Zip: Country:

4. FEI Number 20-3129774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILLICH, KEN 1215 N MAIN ST KISSIMMEE, FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GILLICH, KEN		NAME	
STREET ADDRESS	1215 N MAIN ST		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEWART, IAN		NAME	
STREET ADDRESS	1215 N MAIN ST		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Ken Gillich Ken Gillich 4-14-06 407 8466770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #