


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90001 003 \*\*\*158.75

**DOCUMENT # P05000121589**

1. Entity Name  
**DAMAIN CONSTRUCTION, INC.**



Principal Place of Business <b>251 TAFT STREET NAPLES, FL 34104 US</b>	Mailing Address <b>251 TAFT STREET NAPLES, FL 34104 US</b>
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**50024698**



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07312006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3407473</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**RODRIGUEZ, DAVID**  
**251 TAFT STREET**  
**NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name **VAL VENTURES CORP**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6006 Radio Rd**  
 City **Naples** FL Zip Code **34104**

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 *David Rodriguez* DATE **7/31/06**

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**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUEZ, INOCENCIO</b> <b>251 TAFT STREET</b> <b>NAPLES, FL 34104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RODRIGUEZ, DAVID</b> <b>251 TAFT STREET</b> <b>NAPLES, FL 34104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>RODRIGUEZ, MARCELO</b> <b>251 TAFT STREET</b> <b>NAPLES, FL 34104</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVID RODRIGUEZ</b> <b>251 TAFT ST</b> <b>Naples FL 34104</b> <input checked="" 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"/> 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: *David Rodriguez* DATE **7/31/06** DAYCITE PHONE # **239-261-4186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR