

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000122109

1. Entity Name
CONSTRUCTION ADVISORY SERVICES, INC.



Principal Place of Business
**11000 PROSPERITY FARMS ROAD
#104
PALM BEACH GARDENS, FL 33410**

Mailing Address
**11000 PROSPERITY FARMS ROAD
#104
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

LASCASAS, ANTHONY
11000 PROSPERITY FARMS ROAD
#104
PALM BEACH GARDENS, FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PVST Delete
NAME LASCASAS, ANTHONY
STREET ADDRESS 11000 PROSPERITY FARMS ROAD, #104
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE Change Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 (561) 296-0751

Date

Daytime Phone #