2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126574

Entity Name: RESURRECT RE-CONSTRUCTION ENTERPRISES INC.

FILED May 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4802 E HILLSBOROUGH AVE TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, SHANA

1601 E 29TH AVE

TAMPA, FL 33605 US

THOMAS, SHANA

2780 E FOWLER AVE

#178

TAMPA, FL 33612 US

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: SHANA THOMAS 05/18/2006

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 THOMPSON, DERRIC
 Name:
 THOMAS, SHANA

 Address:
 5607 HUGHES CT.
 Address:
 2780 E FOWLER AVE #178

 City-St-Zip:
 TAMPA, FL 33619
 City-St-Zip:
 TAMPA, FL 33617

 Title:
 VP () Delete
 Title:
 VP (X) Change () Addition

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Ch

 Name:
 THOMAS, SHANA
 Name:
 SHANA, THOMAS

 Address:
 1601 E. 29TH AVE.
 Address:
 1601 E 29TH AVE

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:
 TAMPA, FL 33605

Title: O () Delete Title: () Change () Addition

 Name:
 JONES, LORETTA
 Name:

 Address:
 2126 W PINE ST
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 THOMPSON, ELEANOR
 Name:
 WILLIAMS, MÁZIE

 Address:
 5607 HUGHES CT
 Address:
 1601 E 29TH AVE

 City-St-Zip:
 TAMPA, FL 33619
 City-St-Zip:
 TAMPA, FL 33605

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: SHANA THOMAS P 05/18/2006