2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 22, 2006
Secretary of State

DOCUMENT# P05000129910

Entity Name: ALL AROUND CONSTRUCTION TEAM INC.

Current Principal Place of Business:

5913 STRAWBERRY LAKES CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5913 STRAWBERRY LAKES CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 20-3528218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELCORIO, ROBERT
12 SEAFORD PLACE
BOYNTON BEACH, FL 33426 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: VASSALOTTI, JEREMY
Address: 5913 STRAWBERRY LAKES CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP ( ) Delete
Name: DELCORIO, ROBERT
Address: 12 SEAFORD PLACE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SEC (X) Delete
Name: VASSALOTTI, NICOLE
Address: 5913 STRAWBERRY LAKES CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: TREA (X) Delete
Name: VASSOLOTTI, NICOLE
Address: 5913 STRAWBERRY LAKES CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT DELCORIO VP 08/22/2006

Electronic Signature of Signing Officer or Director Date