

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130853

FILED
Jan 16, 2006
Secretary of State

Entity Name: APS CONSTRUCTION, CORP.

Current Principal Place of Business:

1733 SW PENSROSE AVE.
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

1733 SW PENROSE AVE.
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

1733 SW PENSROSE AVE.
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

1733 SW PENROSE AVE.
PORT ST. LUCIE, FL 34953 US

FEI Number: 20-3511301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAXPLACE, CORP.
2721 S. US 1 SUITE 9
FORT PIERCE, FL 34982 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, EUDES M
Address: 1733 SW PENSROSE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VPD () Delete
Name: SILVA, CARLOS A
Address: 1433 ALGARDI LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, EUDES M
Address: 1733 SW PENROSE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VPD (X) Change () Addition
Name: SILVA, ANA P
Address: 1733 SW PENROSE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: EUDES M SILVA

PD

01/16/2006

Electronic Signature of Signing Officer or Director

Date