
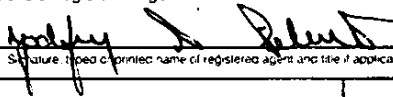



**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90012 024 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000149370</b>			
1. Entity Name <b>GODFREY ROBERTS CONSTRUCTION MANAGEMENT &amp; IMPROVEMENT SERVICE, INC.</b>			
Principal Place of Business <b>150 NW 191ST STREET MIAMI, FL 33055</b>		Mailing Address <b>150 NW 191ST STREET MIAMI, FL 33055</b>	
2. Principal Place of Business <b>18495 S. DIXIE HWY</b>		3. Mailing Address <b>18495 S. DIXIE HWY</b>	
Suite, Apt. #, etc. <b>343</b>		Suite, Apt. #, etc. <b>343</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33157</b>	Country	Zip <b>33157</b>	Country
4. FEI Number <b>20-3810032</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROBERTS, GODFREY JR. 150 NW 191ST STREET MIAMI, FL 33055</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE <b>02/27/06</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.S. ROBERTS, GODFREY JR 150 NW 191ST STREET MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBERTS, GODFREY JR 150 NW 191ST STREET MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <b>Godfrey Roberts</b>		DATE: <b>2/1/06</b>	