APPROVEL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163430

1. Entity Name
AL & JO CONSTRUCTION INC.

Principal Place of Business
18315 HEWLETT ROAD
ORLANDO, FL 32820

Mailing Address
18315 HEWLETT ROAD
ORLANDO, FL 32820

ALEXANDER DERBYCHEV

2. Principal Place of Business: 18315 HEWLETT. RD.
Suite, Apt. #, etc.: ORLANDO. FL,
City & State
Zip: 32820 Country: US.

3. Mailing Address: 18315 HEWLETT. RD.
Suite, Apt. #, etc.: ORLANDO. FL,
City & State
Zip: 32820 Country: US.

07122006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2546979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DERBYCHEV, ALEX
18315 HEWLETT ROAD
ORLANDO, FL 32820

7. Name and Address of New Registered Agent

Name: DERBYCHEV, ALEX
Street Address (P.O. Box Number is Not Acceptable): 18315 HEWLETT. RD.
ORLANDO. FL, 32820.
City FL 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 [signature] 07.26.06.
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DERBYCHEV, ALEX 18315 HEWLETT ROAD ORLANDO, FL 32820	Delete A.D.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HINTON, WILLIAM JOSEPH 3820 ALPERT DR. ORLANDO, FL 32810	Delete A.D.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: A.D. [signature] ALEX. DERBYCHEV. 07.26.06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date