


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90370 025 ***150.00

DOCUMENT # P40502			
1. Entity Name HENNING CONSTRUCTION COMPANY			
Principal Place of Business 4344 CORPORATE SQUARE, SUITE 1 NAPLES FL 34104		Mailing Address P.O. BOX 394 JOHNSTON IA 50131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 42-0936661		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		7. Name and Address of New Registered Agent	
THE HENNING GROUP, LC 4344 CORPORATE SQUARE, SUITE 1 NAPLES FL 34104		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNING, HEATHER K	NAME	
STREET ADDRESS	4344 CORPORATE SQUARE #1	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	SCOB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNING, JEFFRY L	NAME	
STREET ADDRESS	5800 MERLE HAY ROAD, SUITE 14	STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON IA 50131	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, ALAN	NAME	
STREET ADDRESS	5800 MERLE HAY ROAD, SUITE 14	STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON IA 50131	CITY-ST-ZIP	
TITLE	TVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLSON, JEFFREY E.	NAME	
STREET ADDRESS	5800 MERLE HAY ROAD SUITE 14	STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON IA 50131	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, DARRELL	NAME	
STREET ADDRESS	5800 MERLE HAY ROAD, STE 14	STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON IA 50131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey E. Charlson **4-27-06** **515-253-0943**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #