2005 FOR PROFIT CORPORATION

FILED Apr 20, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P92000007298 F.G.P. GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address 7800 W. OAKLAND PK BLVD. 7800 W. OAKLAND PK BLVD. BLDG G BLDG G SUNRISE, FL 33351 SUNRISE, FL 33351 02022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0374034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAPIERRE, REJEAN DO NOT WRITE 7800 W. OAKLAND PÄRK BLVD. BLDG G IN THIS SPACE SUNRISE, FL 33351 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 THE CARL STORMAN CALL MAIN Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D٧ TITLE PATRY, GASTON NAME 7800 W. OAKLAND PARK BLVD BLDG G STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP U000000318060 TITLE 04/20/05-80042-020 150.00 GODMER, FRANCOIS NAME 7800 W. OAKLAND PARK BLVD BLDG G STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEB. 2005

Daytime Phone #