2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000031947

1. Entity Name

CONSTRUCTIVE SOLUTIONS, INC.



FILED Mar 05, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2466 SE DRAYTON ROAD PORT SAINT LUCIE, FL 34952 PO BOX 601 Stuart, FL 34995

DO NOT WRITE IN THIS SPACE



No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0413509

03032008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, CAHRLES J ESQ 1880 BRICKELL AVE SUITE 200 MIAMI, FL 33129

SIGNATURE:

DO NOT WRITE IN THIS SPACE

						in the
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its register	red office or registered agent, or b	oth, in the State of Fl	orida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Register)	ed Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				3 ° ' 3 ° ' 1	The state of the s	
10.	OFFICERS AND DIREC	TORS	在企业建立的企业,企业的企业	ANTERIOR PAINS		Triban Mile T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUGLER, CRAIG 2466 SE DRAYTON RD PORT SAINT LUCIE, FL 34952				648153	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUGLER, CAROLE 2466 SE DAYTON RD PORT SAINT LUCIE, FL 34952			7.03/20/08 1	80006-00211	30:00//
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THE CHARLES OF A CASE OF A	THIS SI	There is the second of the second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 attactprent with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG KUGLER