

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90302 025 \*\*\*150.00

DOCUMENT # P94000009166

1. Entity Name  
C.D.L. EARTH MOVING & PAVING CORPORATION



Principal Place of Business  
3132 FORTUNE WAY  
D33  
WELLINGTON, FL 33414-8728 US

Mailing Address  
3132 FORTUNE WAY  
D33  
WELLINGTON, FL 33414-8728 US

50011752



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0477195

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DILEO, CHERYL  
173 SE OSPREY RIDGE  
PORT ST. LUCIE, FL 34984-8941

**DO NOT WRITE  
IN THIS SPACE**

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: *Cheryl Dileo*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE Registered Agent signature required when reissuing)

4/10/06  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | D  |
| NAME           | DILEO, CHERYL  |
| STREET ADDRESS | <del>2205 SW EDISON CIRCLE</del> 173 SE OSPREY RIDGE |
| CITY-ST-ZIP    | PORT ST. LUCIE, FL <del>34985</del> 34984-8941       |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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: *Cheryl Dileo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 561-791-8271  
Date Daytime Phone #