2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AN DOCUMENT # P94000010434 **Secretary of State** FLORIDA CURB & CONCRETE CONSTRUCTION, INC. Principal Place of Business Mailing Address P.O. BOX 195065 945 W. STATE RD. 434 WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 CR2E034 (11/05) 04052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3263286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BONURA, LISA J DO NOT WRITE 165 E. BAHAMA RD. WINTER SPRINGS, FL 32708 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. INOTE, Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. 11000000513774 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing 04/29/06-80145-004 300.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BONURA, LISA J NAME STREET ADDRESS 165 E. BAHAMA ROAD CITY-ST-ZIP WINTER SPRINGS, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

MADURE AND TYPED OR PROPED WAS OF SIGNING OFFICER OR DIRECTOR

415106

407-495-7222

Daytime Phone #