2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Moslus John No.

Secretary of State 01-09-2006 90029 022 ***150.00 DOCUMENT # P94000022816 CONSTRUCTION CONNECTIONS UNLIMITED, INC. Principal Place of Business Mailing Address 46300079 303 JIM MORAN BLVD 303 JIM MORAN BLVD SUITE B SUITE B DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0481520 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEINZ, NORBERT J. Street Address (P.O. Box Number is Not Acceptable) 2700 NE 51ST STREET **APT 211** FORT LAUDERDALE, FL 33308 City 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 Signature, traced or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition HEINZ, NORBERT J. NAME NAME STREET ADDRESS 2700 NE 51ST STREET, APT. 211 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CHTY-ST-ZIP VΡ TITLE Delete ☐ Change ☐ Addition HEINZ, DIANE K NAME NAME STREET ADDRESS 1699 LAS CASAS RD STRUET ADDRESS CHY ST ZIP BOCA RATON, FL 33486 CITY ST ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS ONY ST ZIP CITY ST ZIP ☐ Delete TITLE Channe ■ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY ST ZIP CITY-ST ZIP Delete Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CHY SEZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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.

FILED Jan 09, 2006 8:00 am