


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90157 035 ***150.00

DOCUMENT # P96000022328			
1. Entity Name CONCRETE PLUS, INC.			
Principal Place of Business 4176 BURNS ROAD SUITE 101 PALM BEACH GARDENS, FL 33410		Mailing Address 4176 BURNS ROAD SUITE 101 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business <i>8895 N. Military Trail</i>		3. Mailing Address <i>8895 N. Military Trail</i>	
Suite, Apt. #, etc. <i>300 C</i>		Suite, Apt. #, etc. <i>300 C</i>	
City & State <i>Palm Beach Gardens FL</i>		City & State <i>Palm Beach Gardens FL</i>	
Zip <i>33410</i>		Zip <i>33410</i>	
Country <i>PB</i>		Country <i>PB</i>	
4. FEI Number 65-0652620		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLETTE, NORRENE 4176 BURNS ROAD SUITE 101 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name <i>Jack S Cox Esq</i> Street Address (P.O. Box Number is Not Acceptable) <i>9002 SE Bridge Road</i> City <i>Hobe Sound</i> FL Zip Code <i>33455</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4/27/06</i> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLETTE, MICHAEL 4176 BURNS RD SUITE 101 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gillette, Michael</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8895 N. Military Tr 300 C</i> <i>Palm Beach Gardens FL 33410</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>4/24/06</i> 5616278106 Date Daytime Phone #	