

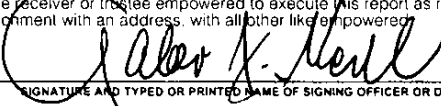


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90001 043 \*\*\*150.00

<b>DOCUMENT # P96000046746</b>					
<b>1. Entity Name</b> E.G. CONSTRUCTION, INC.					
<b>Principal Place of Business</b> 5633 MORSEILLES PORT LN BOYNTON BEACH, FL 33437			<b>Mailing Address</b> 5633 MORSEILLES PORT LN BOYNTON BEACH, FL 33437 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 670 HOLLOW TREE RDG RD. Suite, Apt. #, etc. DARIEN, CT.		<b>3. Mailing Address</b> P.O. Box 3371 Suite, Apt. #, etc. STAMFORD, CT.			
City & State		City & State		09042007 Chg-P CR2E034 (12/06)	
Zip 06820		Country FAIRFIELD		4. FEI Number 65-0679941	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent, and if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SULLIVAN, TERRY 5633 MORSEILLES PORT LN BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MERTL, GABOR 5034 ROSEN BOULEVARD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SULLIVAN, EDWARD M JR 5633 MARSEILLES PORT LN BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			670 HOLLOW TREE RDG RD. DARIEN, CT. 06820		
<b>SIGNATURE:</b> 			STD - 9/10/07 5614367278		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		