

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90321 041 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000099488 1. Entity Name UTILITY CONSTRUCTION, INC.					
Principal Place of Business 6304 180TH AVENUE NORTH LOXAHATCHEE, FL 33470			Mailing Address 11985 SOUTHERN BLVD 180 ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 65-0721642	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAPANI, CHRISTOPHER M ESQ. C/O HODGSON RUSS ATTORNEYS LLP 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name: <u>Christopher M. Trapani, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>C/O RITE BARRON ET AL, 100 NE THIRD AVE.</u> Suite: <u>280</u> City: <u>Ft Lauderdale</u> FL Zip Code: <u>33301</u>	
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: <u>Christopher M. Trapani</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>4/19/06</u>	
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	P DOBSON, JAMES L 6304 180TH AVE NORTH LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Dobson, Marcia 6304 18th Ave North Loxahatchee, FL 33470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DOBSON, MARCIA 6304 180TH AVENUE NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 empowered.					
SIGNATURE: <u>Marcia Dobson</u> 4-19-06 86-662-8325 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					