## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Feb 02, 2006 08:00 AM Secretary of State DOCUMENT # P97000007310 CICALESE CUSTOM BUILDERS, INC. Principal Place of Business Mailing Address 2401 C.H. ARNOLD ROAD 2401 C.H. ARNOLD ROAD ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092 US US And the second s THE WITH COACE No Cha-P CR2E034 (11/05) 01212006 Applied For 4. FEI Number and the same of the same and the 65-0724126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CICALESE, JOHN T 2401 C.H. ARNOLD ROAD ST. AUGUSTINE, FL 32092 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. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 02/11/06-80088-022 15D.DD 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE CICALESE, JOHN T NAME STREET ADDRESS 2401 C.H. ARNOLD ROAD ST. AUGUSTINE, FL 32092 CITY-ST-Z)P TITLE NAME STREET ACCRESS CITY-ST-ZIP TIMLE 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 NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED