
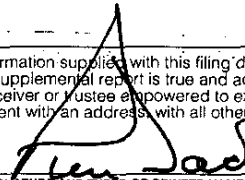


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90012 044 ***150.00

DOCUMENT # P97000073248 1. Entity Name D.C. PROJECT & CONSTRUCTION MANAGEMENT INC.			
Principal Place of Business 1103 E WASHINGTON STREET ORLANDO, FL 32801		Mailing Address 1827 BANK ST OTTAWA, ONTARIO, K1V-726	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5424 CANOTEK RD Suite, Apt. #, etc.	
City & State OTTAWA ONTARIO		4. FEI Number 59-3470939	
Zip K1J 1E9		Country CANADA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent POHL, FRANK L 280 WEST CANTON AVENUE SUITE 410 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSD DAOUST, PIERRE M 1103 E WASHINGTON ST ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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 exemption stated in Section 119.07(3)(i), 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: 		FEB 17, 2004 613 733-1694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	