2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 21, 2005 08:00 AM Secretary of State **DOCUMENT # P98000044869** Entity Name CJM'S CONSTRUCTION, INC. Principal Place of Business Mailing Address 125 NE 2ND AVE. BAY 5 125 NE 2ND AVE. BAY 5 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 IJS 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0840979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARLEN, ROBERT M DO NOT WRITE 110 E ATLANTIC AVE SUITE 330 IN THIS SPACE DELRAY BEACH, FL 33444 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME MARCHITELLO, CHARLES J JR. STREET ADDRESS 912 S.E. 16TH COURT CITY-ST-ZIP DEERFIELD BEACH, FL 33441 TITLE NAME U00000270683 09/21/05-80018-008 150.00 STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does no equalify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental eport in 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 these embodies to expedie his 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

CER OR DIRECTOR

YPED OR PRINTED NAME OF SIG

FILED

Daytime Phone #