2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 08:00 AM DOCUMENT # P99000089861 **Secretary of State** 1. Entity Name ADEL CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 1030 WEST 15 STREET WEST PALM BEACH, FL 33404 1030 WEST 15 STREET WEST PALM BEACH, FL 33404 No Chg-P CR2E034 (11/05) 01272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0947661 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent APPLEBAUM, RAY C DO NOT WRITE 1030 WEST 15TH STREET WEST PALM BEACH, FL 33404 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or printed name of registered agent and trie if applicable. [NOTE: Registered Agent argosture required when remarking) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. Added to Fees 1100000478933 N4/08/86-80024-017 150.00 10. OFFICERS AND DIRECTORS TITLE APPLEBAUM, RAY C NAME STREET ADDRESS 1030 WEST 15 STREET CITY-ST-ZIP WEST PALM BEACH, FL 33404 TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRTY-ST-ZP IN THIS SPACE DILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 upport is true and accurate and that my signature shall have the senue legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or busice empowered to expect the first report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with appears, with all orbif like empowered.

SIGNATURE:

7iTLE

STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED HAVE OF SIGNANG OFFICER OR DIRECTOR

113104 561-848-3973

FILED