

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094054

FILED
Jan 22, 2006
Secretary of State

Entity Name: CONCRETE BUSINESS CONSULTANTS, INC.

Current Principal Place of Business:

15788 SYMPHONY COURT
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15788 SYMPHONY COURT
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0957236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTIONS, INC.
417 E. VIRGINIA ST.
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MELFI, NICHOLAS W
Address: 15788 SYMPHONY COURT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: MELF, SUSANNE
Address: 15788 SYMPHONY CT.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MELFI, SUSANNE
Address: 15788 SYMPHONY CT.
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS W. MELFI

PRES

01/22/2006

Electronic Signature of Signing Officer or Director

Date