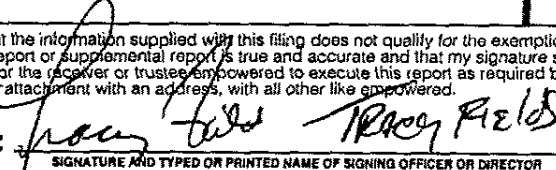


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # S11545			
1. Entity Name CONSTRUCTION INDUSTRY ASSOCIATES, INC.			
Principal Place of Business 12440 WILES RD. CORAL SPRINGS, FL 33076 US		Mailing Address 12440 WILES RD. CORAL SPRINGS, FL 33076 US	
DO NOT WRITE IN THIS SPACE			
		02162005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0231247	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MACMILLAN, STEVE 12440 WILES RD CORAL SPRINGS, FL 33076		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000245663 02/28/05-80035-003 150.00
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	FIELDS, TRACY L.		
STREET ADDRESS	12440 WILES RD.		
CITY - ST - ZIP	CORAL SPRINGS, FL 33076		
TITLE	D		
NAME	MACMILLAN, STEVE		
STREET ADDRESS	12440 WILES RD.		
CITY - ST - ZIP	CORAL SPRINGS, FL 33076		
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 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: 		2-24-05 954-344-8306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	