2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 01, 2006 08:00 AN DOCUMENT # S40261 **Secretary of State** 1. Entity Name ROMEO & SONS CONSTRUCTION, INC. Principal Place of Business Mailing Address 8705 SW 60TH CIRCLE PO BOX 772528 US OCALA, FL 34476 US OCALA, FL 34477 01312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3060236 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ROMEO, MICHAEL DO NOT WRITE 8705 SW 60TH CIRCLE OCALA, FL 34476 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 it applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ROMEO, MICHAEL NAME STREET ANNRESS 8705 SW 60TH CIRCLE CITY-ST-ZIP OCALA, FL 34476 TS DAMIAN, TORINO NAME U00000414443 02/11/06-80038-003 150.00 STREET ADDRESS 2780 NE 64TH LANE CITY-ST-7/P OCALA, FL 34478 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STORET ADDDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR