



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90215 014 \*\*\*150.00

<b>DOCUMENT # S40354</b> 1. Entity Name <b>GILLETTE CONSTRUCTION SERVICE CORP.</b>					
Principal Place of Business <b>4176 BURNS ROAD SUITE 101 PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>4176 BURNS ROAD SUITE 101 PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business <b>8895 North Military Trail</b> Suite, Apt. #, etc. <b>300 C</b>		3. Mailing Address <b>8895 N. Military Trail</b> Suite, Apt. #, etc. <b>300 C</b>		40064395 	
City & State <b>Palm Beach Gardens FL</b>		City & State <b>Palm Beach Gardens FL</b>		4. FEI Number <b>65-0252884</b>	
Zip <b>33410</b>		Country <b>PR</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COX, JACK S ESQ. 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>D</b> <b>GILLETTE, NOR RENE</b> <b>4176 BURNS ROAD SUITE 101</b> <b>PALM BEACH GRDNS, FL</b>	<input type="checkbox"/> Delete	TITLE	<b>Gillette, Michael</b> <b>8895 N. Military Trail 300 C</b> <b>Palm Beach Gardens FL 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<b>VP</b> <b>DOMANDO, SANDRA</b> <b>4176 BURNS ROAD, SUITE 101</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b> <b>Gillette, Norrene</b> <b>8895 N. Military Trail 300C</b> <b>Palm Beach Gardens FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<b>VP</b> <b>Domando, Sandra</b> <b>8895 N Military Trail 300C</b> <b>Palm Beach Gardens FL 33410</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <b>Jacquot, Dennis</b> <b>8895 N Military Trail 300C</b> <b>Palm Beach Gardens FL 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<b>VP</b> <b>Jacquot, Dennis</b> <b>8895 N Military Trail 300C</b> <b>Palm Beach Gardens FL 33410</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <b>Jacquot, Dennis</b> <b>8895 N Military Trail 300C</b> <b>Palm Beach Gardens FL 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<b>VP</b> <b>Jacquot, Dennis</b> <b>8895 N Military Trail 300C</b> <b>Palm Beach Gardens FL 33410</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <b>Jacquot, Dennis</b> <b>8895 N Military Trail 300C</b> <b>Palm Beach Gardens FL 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/24/06 561 627 8106</b> Date Daytime Phone #		