


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S64972</b> 1. Entity Name T AND T CONSTRUCTION INCORPORATED		
Principal Place of Business 8423 QUAIL HOLLOW BLVD. WESLEY CHAPEL, FL 33544 US	Mailing Address 8423 QUAIL HOLLOW BLVD. WESLEY CHAPEL, FL 33544 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  TSOURAKIS, COSTAS P 8423 QUAIL HOLLOW BLVD ZEPHYRHILLS, FL 33544		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TSOURAKIS, COSTA P 8423 QUAIL HOLLOW BLVD ZEPHYRHILLS, FL 33544	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TSOURAKIS, SUSAN M 8423 QUAIL HOLLOW BLVD ZEPHYRHILLS, FL 33544	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TSOURAKIS, PARTHENI C 8423 QUAIL HOLLOW BLVD WESLEY CHAPEL, FL 33544	
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 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: <u><i>Susan M. Tsourakis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>Susan M. Tsourakis Sec. Treas. 4/27/07</i></u> <small>Date Daytime Phone #</small>



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3072730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

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05/14/07-80062-005 150.00