
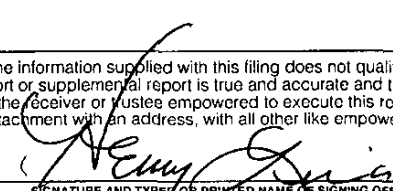


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V29235 1. Entity Name LIRA CONSTRUCTION INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">05 JUL 26 PM 12:40</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1 REFORMA LANE PORT ST. LUCIE, FL 34952				Mailing Address POST OFFICE BOX 1475 PORT SALERNO, FL 34992			
2. Principal Place of Business 5867 S.E. AVALON DR				3. Mailing Address Suite, Apt. #, etc.			
City & State STUART, FL				City & State			
Zip 34997		Country MARTIN		Zip		Country	
4. FEI Number 59-3097216				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LIRA, HENRY 1 REFORMA LANE PORT ST. LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5867 S.E. AVALON DR. City STUART FL Zip Code 34997			
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) DATE</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PT <input checked="" type="checkbox"/> Delete NAME LIRA, HENRY STREET ADDRESS 1 REFORMA LANE CITY-ST-ZIP PORT ST. LUCIE, FL 34952				TITLE PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HENRY LIRA STREET ADDRESS 5867 S.E. AVALON DR. CITY-ST-ZIP STUART, FL 34997			
TITLE VS <input checked="" type="checkbox"/> Delete NAME LIRA, JOYCE C STREET ADDRESS 1 REFORMA LANE CITY-ST-ZIP PORT ST. LUCIE, FL 34952				TITLE VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOYCE C. LIRA STREET ADDRESS 5867 S.E. AVALON DR. CITY-ST-ZIP STUART, FL 34997			
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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: 				7-26-05 772-260-6343			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			