
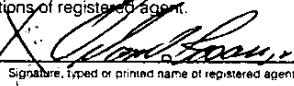
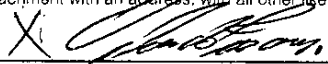


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90041 019 \*\*\*150.00

<b>DOCUMENT # V38665</b> 1. Entity Name CIAO CONSTRUCTION INVESTMENT MANAGEMENT, INC.					
Principal Place of Business 532 SE Seahouse DR Port St Lucie FL 34985			Mailing Address P.O. BOX 846 LOXAHATCHEE, FL 33470		
2. Principal Place of Business 532 SE Seahouse Dr		3. Mailing Address PO Box 9698			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St Lucie, FL		City & State Port St Lucie, FL		4. FEI Number 65-0356835	
Zip 34985		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CASARIEGO, ORLANDO 532 SE Seahouse DR Port St Lucie FL 34985		7. Name and Address of New Registered Agent Name: Casariego, Orlando Street Address (P.O. Box Number is Not Acceptable) 532 SE Seahouse Dr. City: Port St Lucie FL Zip Code: 34985			
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					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASARIEGO, ILIANA 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, ORLANDO 2283 FLYING COW RD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2-9-06					
Davime Phone #					