. 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM **Secretary of State** DOCUMENT # V71977 MKS CONSTRUCTION, INC. Principal Place of Business Mailing Address 1803 EAST SAMPLE ROAD 1803 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 NS US No Chg-P 01052006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0363199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MICHAEL MCKNOUGHT-SMITH DO NOT WRITE 1803 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 IN THIS SPACE 3. 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 11600000387624 OFFICERS AND DIRECTORS 10. 01/19/06-80022-013 150.00 TITLE MCKNOUGHT-SMITH, MICHAEL NAME STREET ADDRESS 1803 EAST SAMPLE ROAD POMPANO BEACH, FL 33064 City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

いりか

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jael McKneuc

2006

অন্তব-প্র। - তথ্য

Daytime Phone #

FILED