## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \*

## Apr 14, 2006 8:00 am Secretary of State DOCUMENT # V73446 04-14-2006 90146 014 \*\*\*158.75 SOUTHERN CROSS CONSTRUCTION, INC. Mailing Address Principal Place of Business P 0 BOX 10157 2416 CRESCENT CTE BRADENTON, FL 34282 US BRADENTON, FL 34208 US 3. Mailing Address 2. Principal Place of Business 2513 GOTH AVE W Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04122006 Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 65-0149832 BRADENTON 38.75 Additional Country Zip Country 5. Certificate of Status Desired USA. Fee Required 34207 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NZELL MANZELLA, JOEL (P.O. Box Number is Not Acceptable) 2416 CRESCENT CTE BRADENTON, FL 34208 Zip Code 34207 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 MANISUA 02051001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE Ρ ☐ Delete TITLE MANZELLA, JOEL 2513 GOTH AVEW + L-5 NAME MANZELLA, JOEL NAME STREET ADDRESS STREET ADDRESS 2416 CRESCENT CTE 34207 CITY-ST-7IP BRADENTON FL CITY-ST-ZIP BRADENTON, FL 34208 ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. changed, or on an attachment with an address

MARIOUN PARSIDES 4/12/06

FILED