2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003287

Entity Name: PCE CONSTRUCTORS, INC.

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
15881 AIRLINE HWY BATON ROUGE, LA 70817				13544 EADS ROAD PRAIRIEVILLE, LA 70769				
Current Mailing Address:				New Mailing Address:				
PO BOX 46417 BATON ROUGE, LA 70895				13544 EADS ROAD PRAIRIEVILLE, LA 70895				
FEI Number:	01-0572191	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate	of Status Desired ()	1
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Regis	tered Agent:	
1200 S. PIN PLANTATIO) <u>.</u>	rpose of	f changing it	s registere	d office or reg	jistered agent, or b	ooth,
SIGNATUR		c Signature of Registered Agen	ıt			Da	ate	—
Election Carr		Trust Fund Contribution ().	-					
OFFICEDS	AND DIRECT	rops.		ADDITION	SICHANGI	ES TO OFFIC	ERS AND DIREC	·TODS:
					SICHANG			TORS.
Title: Name: Address: City-St-Zip:	C (X) BOUDREAUX, A 15881 AIRLINE I BATON ROUGE,	HWY		Title: Name: Address: City-St-Zip:		()Change ()	Addition	
Title: Name: Address: City-St-Zip:	VCP () ROBARDS, BOE 15881 AIRLINE BATON ROUGE,	HWY		Title: Name: Address: City-St-Zip:	PRES ROBARDS, 13544 EAD: PRAIRIEVIL		Addition	
Title: Name: Address: City-St-Zip:	D (X) RUTLAND, JAME 15881 AIRLINE BATON ROUGE,	HWY		Title: Name: Address: City-St-Zip:		() Change ()	Addition	
Title: Name: Address: City-St-Zip:	DV (X) POLITO, RONNI 15881 AIRLINE I BATON ROUGE,	E J HWY		Title: Name: Address: City-St-Zip:		()Change()	Addition	
Title: Name: Address: City-St-Zip:	ST () WICKER, LAUR 15881 AIRLINE BATON ROUGE,	HWY		Title: Name: Address: City-St-Zip:	ST GIBSON, RI 13544 EADS PRAIRIEVIL		Addition	
Title: Name: Address: City-St-Zip:	DV () ALLEN, MARK H 15881 AIRLINE BATON ROUGE,	HWY		Title: Name: Address: City-St-Zip:	DV ALLEN, MAI 13544 EADS PRAIRIEVIL		Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA D. GIBSON ST 02/23/2006