## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000002856

55 ACADEMY STREET

PLEASANTVILLE, NY 10570

Address: City-St-Zip:

Entity Name: THALLE CONSTRUCTION CO. INC

FILED Aug 12, 2005 Secretary of State

Littly Nai	me. THALLE	SONSTRUCTION CO. INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
51 ROUTE BRIARCLI	E 100 FF MANOR, N	Y 10510					
Current Mailing Address:			New Maili	New Mailing Address:			
51 ROUTE 100 BRIARCLIFF MANOR, NY 10510		228 SOUTH CHURTON STREET HILLSBOROUGH, NC 27278					
FEI Number	: 13-1734206	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Ce	ertificate of Status Des	sired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
4435 OLD			3				
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered offic	e or registered age	nt, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
Election Car	npaign Financing	g Trust Fund Contribution ( ).					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () PACCHIANA, G 103 E QUEEN S HILLSBOROUG	STREET	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () AMATO, JOSEF 1403 HANOVEF YORKTOWN, N	RSTREET	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition		
Title: Name:	ST () MAY, WILLIAM	Delete	Title: Name:	ST (X) Ch MAY, WILLIAM	ange()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

304 PAINTED FALL WAY

CARY, NC 27513

SIGNATURE: WILLIAM MAY S/T 08/12/2005