

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000000485 1. Entity Name ENTERPRISE COMMUNITY INVESTMENT, INC.	
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Principal Place of Business 10227 WINCOPIN CIRCLE, SUITE 800 COLUMBIA, MD 21044-3400	Mailing Address 10227 WINCOPIN CIRCLE, SUITE 800 COLUMBIA, MD 21044-3400
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1206840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARVEY, F. BARTON III 10227 WINCOPIN CIRCLE, SUITE 800 COLUMBIA, MD 210443400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAGUE, TERRI Y 10227 WINCOPIN CIRCLE STE 500 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAGMER, HOLLY 10227 WINCOPIN CIRCLE, SUITE 800 COLUMBIA, MD 210443400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROUSE, PATRICIA 10227 WINCOPIN CIRCLE, SUITE 800 COLUMBIA, MD 210443400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NARRON, FRANK 10227 WINCOPIN CIRCLE, SUITE 800 COLUMBIA, MD 210443400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO WHITEHEAD, HELEN W 10227 WINCOPIN CIRCLE, SUITE 800 COLUMBIA, MD 210443400

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80042-011 150.00

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: RANDALL C. LOTT 4/25/07 410-964-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #