2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2008-90001-048-$150.00-$150.00

FILED

2008 OCT 14 AM 10: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08292008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000067232

1. Entity Name
BUILDCORP BUILDERS AND CONSULTING ENGINEERS, INC.

Principal Place of Business	Mailing Address
~~3430 GALT OCEAN DRIVE~~	~~3430 GALT OCEAN DRIVE~~
~~1605~~	~~1605~~
~~FORT LAUDERDALE, FL 33308~~	FORT LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4265 ORANGE DR.		43220 ROSALINDS DR.	
Suite, Apt. #, etc. MELBOURNE		Suite, Apt. #, etc.	
City & State FLORIDA		City & State HOLLYWOOD, MARYLAND	
Zip 32904	Country USA	Zip 20636	Country USA

4. FEI Number 55-0836637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KALMUS, JOHN W~~	Name JOHN W. KALMUS
~~3430 GALT OCEAN DRIVE~~	Street Address (P.O. Box Number is Not Acceptable) 4265 Orange Dr.
~~1605~~	City Melbourne FL FL Zip 32904
~~FORT LAUDERDALE, FL 33308~~	

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 John W. Kalmus (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE 8-30-08

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	4265 Orange Dr.	☐ Change ☐ Addition
NAME	KALMUS, JOHN W		NAME	Melbourne FL 32904	
STREET ADDRESS	~~3430 GALT OCEAN DRIVE~~		STREET ADDRESS		
CITY-ST-ZIP	~~FORT LAUDERDALE, FL~~ 33308		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: John W Kalmus (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date ~~8-08~~ 8-30-08 Daytime Phone # 954-547-1811