

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 27, 2006
Secretary of State**

DOCUMENT# P05000078904

Entity Name: CMS CONTRACTOR SERVICES, INC.

Current Principal Place of Business:

7516 JESSAMINE DR
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

7516 JESSAMINE DR
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 20-2929916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUJILLO, MONICA
7516 JESSAMINE DR
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: TRUJILLO, MONICA
Address: 7516 JESSAMINE DR
City-St-Zip: LAKELAND, FL 33810

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: RESTREPO, CARLOS H
Address: 7516 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

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: CARLOS RESTREPO

DIR

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date