

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711763

FILED
Jan 21, 2008
Secretary of State

Entity Name: BUILDING MANAGERS INTERNATIONAL, INC.

Current Principal Place of Business:

2827 STRAWBERRY TERR
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7187
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-2333800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, THOMAS L TD
2827 STRAWBERRY TERRACE
NORTH PORT, FL 34286 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: TD () Delete
Name: HILL, THOMAS L
Address: 2827 STRAWBERRY TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: S () Delete
Name: COFFEEN, ROBERT
Address: 4601 GULF SHORE BLVD. NORTH
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: STEWART, JAMES
Address: 4401 GULF SHORE BLVD. N., #106
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: MURPHY, JAMES
Address: 1962 TARPON BAY DR., N.
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BRAUN, MARK
Address: 20355 NE 34TH CT, #1628
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: BROOKS, RICHARD
Address: 9463 S.E. SATURN DR.
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: STEWART, JAMES
Address: 4931 BONITA BAY BLVD, #100
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Change () Addition
Name: MURPHY, JAMES
Address: 1962 TARPON BAY DR., N.
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change () Addition
Name: BRAUN, MARK
Address: 20355 NE 34TH CT, #1628
City-St-Zip: AVENTURA, FL 33180

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. HILL

TD

01/21/2008

Electronic Signature of Signing Officer or Director

Date