


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.



Principal Place of Business Mailing Address
10227 WINCOPIN CIRCLE, SUITE 800 **10227 WINCOPIN CIRCLE, SUITE 800**
COLUMBIA, MD 21044-3400 **COLUMBIA, MD 21044-3400**

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
52-1206840 Not Applicable

5. Certificate of Status Desired \$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

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARVEY, F. BARTON III
STREET ADDRESS	10227 WINCOPIN CIRCLE, SUITE 800
CITY-ST-ZIP	COLUMBIA, MD 210443400
TITLE	D
NAME	MONTAGUE, TERRI Y
STREET ADDRESS	10227 WINCOPIN CIRCLE STE 500
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	V
NAME	STAGMER, HOLLY
STREET ADDRESS	10227 WINCOPIN CIRCLE, SUITE 800
CITY-ST-ZIP	COLUMBIA, MD 210443400
TITLE	SD
NAME	ROUSE, PATRICIA
STREET ADDRESS	10227 WINCOPIN CIRCLE, SUITE 800
CITY-ST-ZIP	COLUMBIA, MD 210443400
TITLE	V
NAME	NARRON, FRANK
STREET ADDRESS	10227 WINCOPIN CIRCLE, SUITE 800
CITY-ST-ZIP	COLUMBIA, MD 210443400
TITLE	CAO
NAME	WHITEHEAD, HELEN W
STREET ADDRESS	10227 WINCOPIN CIRCLE, SUITE 800
CITY-ST-ZIP	COLUMBIA, MD 210443400

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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 #