2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000006152

FILED Mar 17, 2009 Secretary of State

DOCON	ILINI# 1 02	.000000132	Secretary of State				
Entity Nan	ne: RIC-MAN	ONSTRUCTION, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	EEN MILE RO						
STERLING	HGTS, MI 4	8314					
Current M	ailing Addres	ss:	New Mailing Address:				
•				_			
6850 NINTEEN MILE ROAD STERLING HGTS, MI 48314				3100 SW 15TH STREET DEERFIELD BEACH, FL 33442			
FEI Number:	38-1943960	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired (X)		
Name and	Address of (Current Registered Agent:		Name and Address	of New Registered Agent:		
C T CORP	ORATION SY	STEM		MANCINI, DANIEL C			
	TH PINE ISLA			3100 SW 15TH STRE			
PLANTATI	ON, FL 33324	4 US		DEERFIELD BEACH,	FL 33442 US		
The above	named entity	submits this statement for the	nurnosa o	of changing its registers	ed office or registered agent, or both,		
in the State		submits this statement for the	purpose o	or changing its registere	ed office of registered agent, or both,		
SIGNATUR	RE: DANIEL	MANCINI			03/17/2009		
	Electro	nic Signature of Registered Ag	jent		Date		
OFFICERS	· AND DIDEC	TODE.		ADDITIONS (CHANG	ES TO OFFICERS AND DIRECTORS.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	,) Delete		Title:	() Change () Addition		
Name:	MANCINI, STE			Name:			
Address: City-St-Zip:	6850 NINTEEN STERLING HG			Address: City-St-Zip:			
City-St-Zip.	STERLING HG	13, 1411 46314		City-St-Zip.			
Title:	VD () Delete		Title:	() Change () Addition		
Name:	MANCINI, EDV	VARD		Name:			
Address:	6850 NINTEEN			Address:			
City-St-Zip:	STERLING HG	TS, MI 48314		City-St-Zip:			
Title:	D () Delete		Title:	() Change () Addition		
Name:	MANCINI, DAN			Name:	- * * *		
Address:	6850 NINTEEN	I MILE ROAD		Address:			
City-St-Zip:	STERLING HG	TS, MI 48314		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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

	SIGNATURE: DANIEL MANCINI	D	03/17/2009
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