

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003764

FILED
Mar 04, 2008
Secretary of State

Entity Name: CONSTRUCTION MANAGEMENT SERVICES OF ARKANSAS, INC.

Current Principal Place of Business:

216 LOUISIANA
LITTLE ROCK, AR 72201

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2596
LITTLE ROCK, AR 72203

New Mailing Address:

FEI Number: 71-0712991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: VRATSINAS, GUS M
Address: 69 PINEHURST CIRCLE
City-St-Zip: LITTLE ROCK, AR 72212

Title: CEO () Delete
Name: ALLEY, SAM K
Address: 54 CHENAL CIRCLE
City-St-Zip: LITTLE ROCK, AR 72211

Title: CFO () Delete
Name: DAVIS, BRADLEY N
Address: 3930 SOUTH LOOKOUT
City-St-Zip: LITTLE ROCK, AR 72205

Title: COO () Delete
Name: BALLEY, ROBERT B
Address: 36 LINDULAKE ROAD
City-St-Zip: CABOT, AR 72023

Title: PRES () Delete
Name: JOHNSON, WILLIAM J
Address: 2160 WOOD FALLS DRIVE
City-St-Zip: CUMMING, GA 30041

Title: PRES () Delete
Name: ALLEY, ESSA K
Address: 31 BRETAGNE CIRCLE
City-St-Zip: LITTLE ROCK, AR 72211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADLEY N. DAVIS

CFO

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date