2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90257 019 ***158.75 DOCUMENT # F05000000273 CRM CONSTRUCTION SERVICES, INC. Mailing Address Principal Place of Business 4441 ROWAN ROAD 1110 EUCLID AVENUE, SUITE 300 500000008 CLEVELAND, OH 44115 NEW PORT RICHEY, FL 34653 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc Suite. Apt. #. etc. 01092007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEL Number 34-1583962 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALABRESE, STEVE Street Address (P.O. Box Number is Not Acceptable) 4441 ROWAN ROAD NEW PORT RICHEY, FL 34653 Zip Code 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. DATE Signature, typed or printed name of registered ligent and title if applicable (NOTE: Registered Agent argnature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. Change X Delete THE TITLE CALABRESE, STEVEN A NAME HAME Calabrese, Steven A. STREET ADDRESS STREET ADDRESS 4875 PELICAN COLONY BLVD. 5051 Pelican Colony Blvd. BONITA SPRINGS, FL 34134 CITY - ST - 7IP CITY-ST-7IP 39134 Change Bonita Springs, FL ☐ Addition ☐ Delete TITLE TITLE FORTUNATO, DAVID R MAME NAME 38681 GAELIC GLEN STREET ADDRESS STREET ADDRESS SOLON, OH 44139 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE CALABRESE, DAVID S NAME NAME 12141 NEW MARKET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHESTERLAND, OH 44026 CHY-ST-ZIP Change ☐ Addition ☐ Delete THILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Delete TITLE Addition TIME HALSE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP upplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information real 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 uses the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver or changed, or on an attachment with a ddress, with all other like empowered

DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

FILED

1-12-07

216.696.5442