



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90102 041 ***150.00

DOCUMENT # F06000005617 1. Entity Name PROFESSIONAL CONSTRUCTION ANALYSTS, INC.					
Principal Place of Business 28990 PACIFIC COAST HWY #205 MALIBU, CA 90265			Mailing Address 28990 PACIFIC COAST HWY #205 MALIBU, CA 90265		
2. Principal Place of Business - No P.O. Box # 5823 Filaree Heights Ave. Suite, Apt. #, etc.		3. Mailing Address 5823 Filaree Heights Ave. Suite, Apt. #, etc.			
City & State Malibu, CA Zip 90265		City & State Malibu, CA Zip 90265		4. FEI Number 88-0267964	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CJO CONSULTING INC 3100 S DIXIE HWY SUITE 310 COCONUT GROVE, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PAXTON, ALBERT 28990 PACIFIC COAST HWY #205 MALIBU, CA 90265 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5823 Filaree Heights Ave Malibu, CA 90265 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'GRADY, JULIE 28990 PACIFIC COAST HWY #205 MALIBU, CA 90265 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5823 Filaree Heights Ave Malibu, CA 90265 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <i>Julie O'Grady</i>			<i>April 19, 2007</i> 800-722-9690		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		