2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# J03657

Entity Name: CONSTRUCTION MANAGEMENT ASSOCIATES CO.

Current Principal Place of Business:

8680 N ATLANTIC AVE
P O BOX 1630
CAPE CANAVERAL, FL 329208630

New Principal Place of Business:

4300 US1
SUITE B
ROCKLEDGE, FL 32955

Current Mailing Address:

8680 N ATLANTIC AVE
P O BOX 1630
CAPE CANAVERAL, FL 329208630

New Mailing Address:

4300 US1
SUITE B
ROCKLEDGE, FL 32955

FEI Number: 59-2654792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOTTLER, RICHARD H. JR.
8680 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: STOTTLER, RICHARD H
Address: 8680 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL

Title: VD ( ) Delete
Name: BLUME, JAMES
Address: 8680 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS ( ) Delete
Name: DEEVERS, JUDITH C.
Address: 8680 N ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DP ( ) Delete
Name: CAMPANINI, BINO
Address: 8680 N ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

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
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: JAMES BLUME VD 08/11/2008

Electronic Signature of Signing Officer or Director — Date