2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03657

Entity Name: CONSTRUCTION MANAGEMENT ASSOCIATES CO.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4300 US1 SUITE B ROCKLED	OGE, FL 329	955			
Current Mailing Address:			New Mailing Address:		
4300 US1 SUITE B ROCKLED	OGE, FL 329	955			
FEI Number:	26-0709936	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status De	esired (X)
Name and	Address o	f Current Registered Agent:	Name and	Address of New Registered Age	nt:
8680 N AT	R, RICHARI LANTIC AV NAVERAL, F	E			
	named enti e of Florida.	ty submits this statement for the p	ourpose of changing i	ts registered office or registered ago	ent, or both,
SIGNATUR	RE:				
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Car	npaign Finand	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:		() Delete RICHARD H ANTIC AVENUE VERAL, FL	Title: Name: Address: City-St-Zip:	MM (X) Change () Addition STOTTLER, RICHARD H 8680 N. ATLANTIC AVENUE CAPE CANAVERAL, FL	
Title: Name: Address: City-St-Zip:		() Delete //ES ANTIC AVENUE VERAL, FL 32920	Title: Name: Address: City-St-Zip:	MM (X) Change () Addition BLUME, JAMES 4300 US 1, SUITE B ROCKLEDGE, FL 32955	
Title: Name: Address: City-St-Zip:	DS DEEVERS, 8680 N ATL/ CAPE CANA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	DP CAMPANINI	(X) Delete BINO	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAMES V BLUME MM 01/19/2009

8680 N ATLANTIC AVE

CAPE CANAVERAL, FL 32920

Address:

City-St-Zip: