2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03283

Entity Name: BKM DESIGN-BUILD, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3733 UNIVERSITY BLVD.W. 8198 SABAL OAK WAY

210 A JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32217 US

Current Mailing Address: New Mailing Address:

8198 SABAL OAK WAY P.O BOX 57219

JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32241 US

FEI Number: 59-2871546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITTAL, RADHE S.
3733 UNIVERSITY BLVD. W.
SUITE 210A
JACKSONVILLE, FL 32217 US

MITTAL, RADHE S.
8198 SABAL OAK WAY.
JACKSONVILLE, FL 32256 US

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: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

JACKSONVILLE, FL 32217

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32256

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 MITTAL, RADHE S
 Name:
 MITTAL, RADHE S

 Address:
 3733 UNIVERSITY BLVD W. SUITE 210 A
 Address:
 8198 SABALOAK WAY

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MITTAL, RADHE S
 Name:
 MITTAL, RADHE S

 Address:
 3733 UNIVERSITY BLVD W SUITE 210A
 Address:
 8198 SABAL OAK WAY

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: SEC. () Delete Title: SEC. (X) Change () Addition

Name: MITTAL, RADHE S Name: MITTAL, RADHE S Address: 3733 UNIVERSITY BLVD .W. SUITE 210A Address: 8198 SABAL OAK WAY

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.

City-St-Zip:

SIGNATURE: RADHE S MITTAL P 04/30/2009