

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 18, 2007
Secretary of State

DOCUMENT# N02000007169

Entity Name: AAA KOTM CONSULTING & CONSTRUCTION MANAGEMENT CORP.**Current Principal Place of Business:**1415 ENSENADA DR.
ORLANDO, FL 32825**New Principal Place of Business:****Current Mailing Address:**1415 ENSENADA DR.
ORLANDO, FL 32825**New Mailing Address:****FEI Number:** 22-3873515**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMMONS, ALFRED J
1415 ENSENADA DR.
ORLANDO, FL 32825 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: SIMMONS, ALFRED J
Address: 1415 ENSENADA DR.
City-St-Zip: ORLANDO, FL 32825**Title:** S () Delete
Name: SIMMONS, ANGELA F
Address: 1415 ENSENADA DR.
City-St-Zip: ORLANDO, FL 32825**Title:** DIR () Delete
Name: SIMMONS, ADRIANNA M
Address: 1415 ENSENADA DR.
City-St-Zip: ORLANDO, FL 32825**Title:** DIR () Delete
Name: SIMMONS, AKEEM T
Address: 1415 ENSENADA DR.
City-St-Zip: ORLANDO, FL 32825**Title:** DIR () Delete
Name: SIMMONS, ANGELICA M
Address: 1415 ENSENADA DR.
City-St-Zip: ORLANDO, FL 32825**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: SIMMONS, JAMES
Address: 23 PINE TRACK PASS
City-St-Zip: OCALA, FL 34472

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED SIMMONS

P

05/18/2007

Electronic Signature of Signing Officer or Director

Date