2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002333

FILED Jan 13, 2009 Secretary of State

Entity Name: ORLANDO CHAPTER NO. 22 OF THE PROFESSIONAL CONSTRUCTION ESTIMATORS OF AMERICA,

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

6025 MARGIE CT ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

P.O. BOX 1669 ORLANDO, FL 32801

FEI Number: 43-2003594 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:

BARROTT, ALFREDO O 6025 MARGIE CT ORLANDO, FL 32807 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MCNEIL, LEE KITTRELL, LESLIE Name: Name: 2301 SILVER STAR ROAD Address: P.O. BOX 1669 Address: City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: ORLANDO, FL 32801 US

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

STAMPER, MONICA Name: BAUER, ROBERT Name: Address: 22 NORTH DOLLINS DRIVE AVENUE Address: P.O. BOX 1669

City-St-Zip: ORLANDO, FL 32805 US City-St-Zip: ORLANDO, FL 32801 US

Title: 2VP () Delete Title: 2VP (X) Change () Addition TOUCHTON, MARK CURRIE, STACEY Name: Name:

1512 EAST COLONIAL DR., SUITE 100 Address:

2100 CONSULATE DRIVE, SUITE 100 Address:

City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: ORLANDO, FL 32837 US

Title: () Delete Title: (X) Change () Addition Name: BARROTT, ALFREDO O JR Name: REICHARDT, TIM

6025 MARGIE CT 4700 MILLENIA BOULEVARD Address: Address: City-St-Zip: ORLANDO, FL 32807 US City-St-Zip: ORLANDO, FL 32839 US

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

KITTRELL, LESILE BARROTT, ALFREDO O JR Name: Name: 651 DANVILLE DRIVE, SUITE 101 P.O. BOX 6214666 Address: Address:

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

MANDARINE, ROBERT COLEMAN, SCOTT Name: Name: Address: 8529 SOUTH PARK CIRCLE, SUITE 320 Address: 592 THORPE ROAD ORLANDO, FL 32824 US ORLANDO, FL 32819 US City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ORLANDO, FL 32862 US

SIGNATURE: ALFREDO O. BARROTT, JR. ND 01/13/2009