2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N05000011078

Entity Name: NATIONAL ASSOCIATION OF MINORITY CONTRACTORS, INC.

Current Principal Place of Business:

1034 HARBOR HILLS ST
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1034 HARBOR HILLS ST
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 03-0561732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DENNARD, ERMA
1034 HARBOR HILLS ST
WINTER GARDEN, FL 34787 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: D ( ) Delete
Name: DENNARD, ERMA
Address: 1034 HARBOR HILLS ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: MILLER, RHONDA
Address: 1034 HARBOR HILLS ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: BOULER, HAROLD
Address: 1034 HARBOR HILLS ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: DENNARD, CARLA
Address: 1034 HARBOR HILLS ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: MILLER, KEBRIS
Address: 1034 HARBOR HILLS ST
City-St-Zip: WINTER GARDEN, FL 34787

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:

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

SIGNATURE: ERMA DENNARD EXEC 05/10/2007

Electronic Signature of Signing Officer or Director — Date