

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004409

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: CONTRACTORS RESOURCE CENTER, INC.

## Current Principal Place of Business:

1730 BISCAYNE BLVD., STE. 201  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

1730 BISCAYNE BLVD., STE. 201  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 65-0552682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAMLER, ELSIE K  
1730 BISCAYNE BLVD., STE. 201  
MIAMI, FL 33132      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: HAMLER, ELSIE K  
Address: 1730 BISCAYNE BLVD., STE. 201  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: MCKINNON, DOUGLAS  
Address: 6600 NORTHWEST 27TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: MYERS, KEVIN  
Address: 1718 NW NORTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: REED, CLIFTON T JR  
Address: 1730 BISCAYNE BLVD., STE. 201-A  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: GONZALEZ, ELOISE  
Address: 4250 NW 37TH AVENUE  
City-St-Zip: MIAMI, FL 33142

## 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 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: ELSIE K. HAMLER

P

03/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date