2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N94000004409

Entity Name: CONTRACTORS RESOURCE CENTER, INC.

Current Principal Place of Business:

1730 BISCAYNE BOULEVARD
SUITE 201
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1730 BISCAYNE BOULEVARD
SUITE 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 PRESIDE
1730 BISCAYNE BOULEVARD
SUITE 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

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:

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: ELSIE K HAMLER D 04/30/2009

Electronic Signature of Signing Officer or Director — Date