## 2007 FOR PROFIT CORPORATION **AMENDED ANNUAL REPORT**

## FILED DOCUMENT # P01000096922 07 AUG -3 PH 1: 17 1. Entity Name EXPERT CONSTRUCTION MANAGERS, INC. SEUM TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address S KINGS AVE Brandon, FL 33511 815 \$15-348'S KINGS AVE BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 08012007 City & State City & State 4. FEI Number Applied For 59-3747304 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, WILLIAM L III 2810 BRUCKEN ROAD Street Address (P.O. Box Number is Not Acceptable) VALRICO, FL 33594 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete TITLE ☐ Change Addition BROWN, WILLIAM L III NAME NAME 4001075466 08/08/07--01045--004 STREET ADDRESS 2810 BRUCKEN ROAD STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition BROWN, JULIE K NAME NAME STREET ADDRESS 2810 BRUCKEN ROAD STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withjart ddress, with a ther like empowered. W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



August 1, 2007

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

DOCUMENT NUMBER: P01000096922

To Whom It May Concern:

The address listed on our 2006 Annual Report is incorrect; please make the following changes as detailed on the enclosed amended report. We would also like to request the certificate status be mailed back to us at this new address, enclosed you will also find a check for the \$8.75. If you have any questions or need any further information, please feel free to call or email us at the contact information listed below.

Sincerely

Bill Brown

815 S. Kings Ave. Brandon, FL 33511 Phone: 813.657.7810 Fax: 813.571.0875 E-mail: bill@brown.org