2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 10, 2005 8:00 am Secretary of State DOCUMENT # P02000098694 02-11-2005 90054 044 ***100.00 1. Entity Name 03-10-2005 90139 023 ****58.75 CONSTRUCTIVE PROJECT MANAGEMENT INC Principal Place of Business Mailing Address 751 SW 64TH TER POMPANO BEACH FL 33068 751 SW 64TH TER POMPANO BEACH FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 56-2306658 Not Applicable Žip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEITZ, DAVID J Street Address (P.O. Box Number is Not Acceptable) 751 SW 64TH TER POMPANO BEACH FL 33068 City Zio 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Psyable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TEITZ, DAVID J MALLE NAME 751 SW 64TH TER STREET ADDRESS STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33068 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP -- C CHY-S1-23P IIITE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHT-SI-ZP CITY-ST-ZP TITLE Detete TITLE Change ☐ Addition MARKET NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NILE Delate TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition MALIF NUME STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address, with all other like empowered. 27/64

FILED