


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000024402 1. Entity Name CONSTRUCTION MANAGEMENT ASSOCIATES OF THE KEYS, INC.	
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Principal Place of Business 30364 QUAIL ROOST TRAIL BIG PINE KEY, FL 33043-0928	Mailing Address PO BOX 430928 BIG PINE KEY, FL 33043-0928
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02042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0714661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REECE, ROBERT E 3688 TREASURE ISLAND ST BIG PINE KEY, FL 33043	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REECE, ROBERT E PO BOX 430928 BIG PINE KEY, FL 330430928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REECE, JUDY PO BOX 432123 BIG PINE KEY, FL 330430928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRICKING, WILLIAM PO BOX 2324 BIG PINE KEY, FL 330430928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000014647.00
03/22/06 60007-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE: Judith A. Rue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2006 (305) 872-1348
Date Daytime Phone #