


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -8 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000122335					
1. Entity Name EDC SURVEYING, INC.					
Principal Place of Business 2455 S.W. 27TH AVE., STE 300 MIAMI, FL 33133			Mailing Address 2455 S.W. 27TH AVE., STE 300 MIAMI, FL 33133		
2. Principal Place of Business 2455 S.W. 27th Avenue Suite, Apt # etc Suite 300 City & State Miami, FL Zip 33145 Country USA			3. Mailing Address 2665 S. Bayshore Drive Suite, Apt #, etc Suite 703 City & State Miami, FL Zip 33133 Country USA		
			4. FEI Number 20-1536242 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 POLANSKY, MITCHELL S ESQ. 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relieving)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCABE, KEVIN 2665 S BAYSHORE DR #703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000076202970 06/14/06--01036--006 **1100.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ESPINOZA, HUMBERTO 2665 S BAYSHORE DR #703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAMSEY, DONALD 2665 S BAYSHORE DR #703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Ramsay, Donald 2665 S. Bayshore Drive, #703 Miami, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 life empowered					
SIGNATURE: <u>Kevin McCabe</u>			4/19/06 (305) 858-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		