2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010972

FILED Apr 30, 2007 Secretary of State

Entity Name: CONSTRUCTION MANAGEMENT ASSISTANCE PROFESSIONALS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1330 LEXINGTON PARKWAY 1950 LEE ROAD APOPKA, FL 32712 SUITE 208 WINTER PARK, FL 32789 US **Current Mailing Address: New Mailing Address:** 1330 LEXINGTON PARKWAY 1950 LEE ROAD SUITE 208 APOPKA, FL 32712 WINTER PARK, FL 32789 US FEI Number: 20-2297150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORNTO, L.A. JR 149 S. RIÓGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: PSD (X) Change () Addition WIPPER, DENNIS J WIPPER, DENNIS J Name: Name: 1330 LEXINGTON PARKWAY 1330 LEXINGTON PARKWAY Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: VPTD () Change (X) Addition Name: Name: WIPPER, DAVID O 1202 MURCOTT CT Address: Address: LONGWOOD, FL 32779 US City-St-Zip: City-St-Zip: Title: Title: VPD () Delete () Change (X) Addition Name: HASSALL, CHRISTOPHER M Name: 7063 PHILLIPS COVE COURT Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32819 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS J. WIPPER PSD 04/30/2007