2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 11, 2006 8:00 am Secretary of State DOCUMENT # P05000123452 1. Entity Name 05-11-2006 90234 021 ***150.00 CHURCH CONSTRUCTION & DEVELOPOMENT SERVICES, INC. Principal Place of Business Mailing Address 10018 N. W. 56TH COURT 10018 N. W. 56TH COURT CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$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 CHURCH, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 10018 N. W. 56TH COURT CORAL SPRINGS FL 33076 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 (NOTE: Registered Agent signature required when remstating). FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Change | NAME CHURCH, ROBERT L STREET ADDRESS 10018 N. W. 56THG COURT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33076 CITY-ST-ZIP Defete TITLE Change Addition NAME CHURCH, DANIEL P NAME STREET ADDRESS 10018 N. W. 56TH COURT STREET ADDRESS CITY-ST-7IE CORAL SPRINGS FL 33076 CITY-ST-7IP Delete TITLE TITLE ____ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP THE TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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

SIGNING OFFICER OR DIRECTOR

FILED