

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142645

Entity Name: SEC CONTRACTORS, INC.

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

550 N. REO STREET
SUITE 300
TAMPA, FL 33609

New Principal Place of Business:

6465 FRENCH RD
DETROIT, MI 48213

Current Mailing Address:

550 N. REO STREET
SUITE 300
TAMPA, FL 33609

New Mailing Address:

6465 FRENCH RD
DETROIT, MI 48213

FEI Number: 20-5060811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SMITH, LOUIS
Address: 13129 23 MILE RD.
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: VP () Delete
Name: POMANTE, SHARON
Address: 13129 23 MILE RD.
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: S () Delete
Name: KAYE, SHERI
Address: 13129 23 MILE RD.
City-St-Zip: SHELBY TOWNSHIP, MI 48315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HIXON, LAWRENCE
Address: 6465 FRENCH RD
City-St-Zip: DETROIT, MI 48213

Title: VP (X) Change () Addition
Name: POMANTE, SHARON
Address: 6465 FRENCH RD
City-St-Zip: DETROIT, MI 48213

Title: S (X) Change () Addition
Name: KAYE, SHERI
Address: 6465 FRENCH RD
City-St-Zip: DETROIT, MI 48213

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: SHARON POMANTE

VP

02/13/2008

Electronic Signature of Signing Officer or Director

Date