

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

04-30-2007 90862 025 ***150.00

DOCUMENT # P06000007410 1. Entity Name WC CONSTRUCTION MANAGEMENT, INC.					
Principal Place of Business 1170 SW 17TH STREET BOCA RATON, FL 33486			Mailing Address 1170 SW 17TH STREET BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box # 4401 NE 31ST AVENUE		3. Mailing Address 4401 NE 31ST AVENUE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL		4. FEI Number 56-2557238	
Zip 33064		Country US		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 CAREY, WILLIAM 1170 SW 17TH STREET BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name William Carey Street Address (P.O. Box Number is Not Acceptable) 4401 NE 31ST AVENUE City Lighthouse Point FL Zip Code 33064		
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 4/27/07 <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P CAREY, WILLIAM 1170 SW 17TH STREET BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William Carey 4401 NE 31ST Ave Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CAREY, JACINDA 1170 SW 17TH STREET BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Jacinda Carey 4401 NE 31ST Avenue Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAREY, MARYANN 6315 INDIAN WELLS BLVD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			4/27/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		