

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075193

FILED
Apr 30, 2007
Secretary of State

Entity Name: COVENANT CONSTRUCTION SERVICES INC

Current Principal Place of Business:

4968 LUQUI COURT
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

6869 BLUE BAY CIRCLE
LAKE WORTH, FL 33467 US

Current Mailing Address:

4968 LUQUI COURT
WEST PALM BEACH, FL 33415 US

New Mailing Address:

6869 BLUE BAY CIRCLE
LAKE WORTH, FL 33467 US

FEI Number: 20-4968508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIELDS, AMANDA
4968 LUQUI COURT
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

SHIELDS, AMANDA
6869 BLUE BAY CIRCLE
LAKE WORTH, FL 33467 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: AMANDA SHIELDS

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIELDS, AMANDA
Address: 4968 LUQUI COURT
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: VP () Delete
Name: SHIELDS, STEVEN
Address: 4968 LUQUI COURT
City-St-Zip: WEST PALM BEACH, FL 33415 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHIELDS, AMANDA
Address: 6869 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP (X) Change () Addition
Name: SHIELDS, STEVEN
Address: 6869 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 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: AMANDA SHIELDS

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date