## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000079801

Entity Name: COLEMAN CONSTRUCTION PROFESSIONALS, CORP.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6295 POWE	ERS AVENUE			7200 POW	ERS AVENUI	≣	
	/ILLE, FL 3221	7 US			/ILLE, FL 32:	217 US	
Current Mailing Address:				New Mailing Address:			
6295 POWERS AVENUE				7200 POWERS AVENUE			
2ND FLOO! JACKSON\	R /ILLE, FL 3221	7 US		68 JACKSON\	/ILLE, FL 32:	217 US	
FEI Number:	20-5036199	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desi	red ( )
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of I	New Registered Agent	:
SHOCKMEDIA CORPORATION 7862 W IRLO BRONSON HWY 121				SHOCKMEDIA CORPORATION 9766 OLD SAINT AUGUSTINE RD 2			
				JACKSONVILLE, FL 32257 US			
The above in the State		ıbmits this statement for the pu	rpose o	f changing it	s registered o	office or registered agen	t, or both,
SIGNATUR	E: JOSE JAR	DIM JUNIOR				02/22/2007	
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COLEMAN, MARI	AVENUE, 2ND FLOOR		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	P ()E NOGUEIRA, UES 5800 UNIVERSIT JACKSONVILLE,	Y BLVD, #544		Title: Name: Address: City-St-Zip:	NOGUEIRA, UI 7200 POWERS		
Title: Name: Address: City-St-Zip:	NOGUEIRA, WAE	AVENUE, 2ND FLOOR		Title: Name: Address: City-St-Zip:	NOGUEIRA, W 7200 POWERS		
Title: Name: Address: City-St-Zip:	DE SOUZA, WAN	AVENUE, 2ND FLOOR		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	DE SOUZA, WAL	AVENUE, 2ND FLOOR		Title: Name: Address: City-St-Zip:	DE SOUZA, W 7200 POWERS		

I hereby certify that the information supplied with this filing does not qualify for the 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: UESLEI NOGUEIRA P 02/22/2007