## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000119190

Title:

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Na	me: EXACT	A COMMERCIAL SURVEYORS	, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
7418 SW 4 MIAMI, FL	48 STREET 33155			1035 STAT SUITE 315- WELLINGT		114	
Current Mailing Address:				New Mailing Address:			
7418 SW 4 MIAMI, FL	48 STREET 33155				TED DRIVE CK, OH 442		
FEI Number	: 20-5759964	FEI Number Applied For()	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired (	)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SHELFER 7418 SW 4 MIAMI, FL	48 STREET	S					
	named enti e of Florida.	ty submits this statement for the p	purpose of	changing it	s registered	office or registered agent, or	both,
SIGNATU	RE:						
	Elect	onic Signature of Registered Ag	ent			Date	
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P SHEFLER, S 7418 SW 48 MIAMI, FL 3	STREET		Title: Name: Address: City-St-Zip:	DE LA ROCH	ROAD 7, SUTIE 315-23	
Title: Name: Address: City-St-Zip:	P SHEFLER, S 7418 SW 48 MIAMI, FL 3	STREET		Title: Name: Address: City-St-Zip:	SHEFLER, S	ELAND BLVD, #110	
Title: Name: Address: City-St-Zip:	ST DE LA ROCI 7418 SW 48 MIAMI, FL 3	STREET		Title: Name: Address: City-St-Zip:	BLASZAK, RI	ELAND BLVD, #110	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT SHELFER VP 04/27/2007

() Delete

( ) Change (X) Addition

PASSARELLÌ, PAUL

MIAMI, FL 33156

9000 S. DADELAND BLVD, #110