

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034649

Entity Name: CONTRACTPOINT INC

FILED
Jul 24, 2008
Secretary of State

Current Principal Place of Business:

2631 NW 63 TERRACE
MARGATE, FL 33063

New Principal Place of Business:

464 SOUTH TAMOKA DRIVE
DELEON SPRINGS, FL 33130

Current Mailing Address:

2631 NW 63 TERRACE
MARGATE, FL 33063

New Mailing Address:

464 SOUTH TAMOKA DRIVE
DELEON SPRINGS, FL 33130

FEI Number: 20-8651385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAGEMENT AND MARKETING SERVICES INC
2631 NW 63 TERRACE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

BURGESS, RACHELE L
4664 SOUTH TAMOKA DRIVE
DELEON SPINGS, FL 33130 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: RACHELE L BURGESS

07/24/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BURGESS, JOSEPH L
Address: 2631 NW 63 TERRACE
City-St-Zip: MARGATE, FL 33063

Title: COO (X) Delete
Name: BURGESS, JOSEPH A
Address: 2631 NW 63 TERRACE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURGESS, RACHELE L
Address: 4664 SOUTH TAMOKA DRIVE
City-St-Zip: DELEON SPRINGS, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RACHELE L BURGESS

PD

07/24/2008

Electronic Signature of Signing Officer or Director

Date