## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000031020

Entity Name: AAA CONSTRUCTION MANAGERS, INC

FILED May 10, 2009 Secretary of State

The state of the s							
Current Principal Place of Business:				New Principal Place of Business:			
1415 ENSE ORLANDO,							
Current Mailing Address:				New Mailing Address:			
1415 ENSENADA DR ORLANDO, FL 32825							
FEI Number:	26-2260183	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:			
SIMMONS, ALFRED 1415 ENSENADA DR ORLANDO, FL 32825 US				SIMMONS, ALFRED J 1415 ENSENADA DR ORLANDO, FL 32825 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: ALFRED J SIMMONS				05/10/2009			
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SIMMONS, ALFI 1415 ENSENAD ORLANDO, FL	A DR		Title: Name: Address: City-St-Zip:	P (X SIMMONS, ALI 1415 ENSENA ORLANDO, FL	DA DR	
Title: Name: Address: City-St-Zip:	VP () SIMMONS, ANG 1415 ENSENAD ORLANDO, FL	A DR		Title: Name: Address: City-St-Zip:	VP (X SIMMONS, AN 1415 ENSENA ORLANDO, FL	DA DR	
Title: Name: Address: City-St-Zip:	SEC () SIMMONS, ADR 1415 ENSENAD ORLANDO, FL	A DR		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () SIMMONS, ALFI 1415 ENSENAD ORLANDO, FL	A DR		Title: Name: Address: City-St-Zip:	DIR (X SIMMONS, AN 1415 ENSENA ORLANDO, FL	DA DR	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DIR ( SIMMONS, AK 1415 ENSENA ORLANDO, FL	DA DR	

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: ALFRED J SIMMONS P 05/10/2009