2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042905

Entity Name: COVENANT STRUCTURES, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1275 BENNETT DR, STE 135 120 BRUSHCREEK DRIVE LONGWOOD, FL 32750 SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

1275 BENNETT DR, STE 135 120 BRUSHCREEK DRIVE LONGWOOD, FL 32750 SANFORD, FL 32771

FEI Number: 26-2573025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVENUE SUITE 1000 (WLG) ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

Title:

VPTD

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

VPTD

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition BATES, JOHNNY A Name: Name: BATES, JOHNNY A 465 WEST WARREN AVENUE 2159 NW 23RD BOULEVARD Address: Address:

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: JENNINGS, FL 32053

() Delete (X) Change () Addition Name: MILKE, SCOTT R JR. Name: MILKE, SCOTT R JR. 465 WEST WARREN AVENUE 120 BRUSHCREEK DRIVE Address: Address: SANFORD, FL 32771 City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

() Delete Title: Title: () Change () Addition

SOFARELLI, JOHN R Name: Name: 465 WEST WARREN AVENUE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

Title: () Delete Title: () Change () Addition

SUDDETH, RUSSELL J Name: Name: Address: 465 WEST WARREN AVENUE Address: City-St-Zip: LONGWOOD, FL 32750 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: SCOTT R. MILKE, JR. **VPTD** 01/26/2009