2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # P94000025812 1. Entity Name SHM CONSTRUCTION, INC.						02-14-2005 9	90046 03	7 ***150	.00
Principal Place of Business 4930 GLENN PINE LANE BOYNTON BEACH, FL 33436 US		Mailing Address 4930 GLENN PINE LANE BOYNTON BEACH, FL 33436		US					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number 65-04824	\$21 °		— <u>⊢</u>	plied For Applicable
Zip !	Country	Zip	Country		5. Certificate of		F	8.75 Add ee Required	
- :	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	egistered A	gent	
MILLER, SCOTT				Name Street Address (P.O. Box Number is Not Acceptable)					
4930 GLENN PINE LANE BOYNTON BEACH, FL 33436				Oliebt Address (as Not Acceptable	, - 		
:				City			FL	Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE		Market Name of the Control of the Co				·			
	Signature, typed or printed name of registered agent	and trie ii approadle. (NOTE	: Hegistere	d Agent signature required	when reinizating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CI	IANGES TO OFFI	CERS AND	DIRECTORS	IN 11
TITLE	PST	☐ Delete	TITLE	E				☐ Change	Addition
NAME	MILLER, SCOTT H		NAM	ſ					
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Increase certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOTH. MILLER SCOTT H. MILLER

2/11/05 (561)865-4149
Date Deytime Phone #