2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 22, 2005 08:00 AM Secretary of State

Fee Required

DOCUMENT	# P94000073808
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1. Entity Name

CONTRACTORS MANGEMENT SERVICES, INC.



Principal Place of Business_

Mailing Address

1002 EAST NEWPORT CTR DR SUITE 100 DEERFIELD BEACH, FL 33442 1002 EAST NEWPORT CTR DR

SUITE 100

DEERFIELD BEACH, FL 33442



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P		CR2E034 (10/03)		
4. FEI Number			Applied For	
65-0523937			Not Applicable	
5. Certificate of Status Desired			\$8.75 Additional	

6.	Name	and.	Address	of Curre	nt Regis	tered.	Agent

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

ELLMAN, ED 1002 EAST NEWPORT CENTER DR SUITE 100 DEERFIELD BEACH, FL 33442

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE Registered	Agent signature	required when reinstating)	DAYE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign Finant Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLMAN, EDWARD 1002 E. NEWPORT CENTER DRIVE BOCA RATON, FL 33433				U00000323006 04/22/05-80034-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		100 00000000000000000000000000000000000	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor	pertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empoweres	ing does not qualify for the exen and accurate and that my signate to execute this report as require	nption stated ure shall hav ed by Chapt	in Section 119.07(3) e the same legal effe er 607, Florida Statut	(f), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

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