


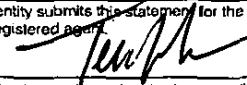
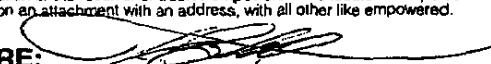
**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 027 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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00403443

<b>DOCUMENT # P98000015812</b> 1. Entity Name <b>B.D. CONSTRUCTION MANAGERS, INC.</b>					
Principal Place of Business <b>6678 1ST AVENUE SOUTH          ST. PETERSBURG, FL 33707</b>		Mailing Address <b>6678 1ST AVENUE SOUTH          ST. PETERSBURG, FL 33707</b>			
2. Principal Place of Business <b>4535 2nd Ave. N.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>7116 Gulf Blvd.</b> <small>Suite, Apt. #, etc.</small> <b>Suite E</b>			
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Pete Beach, FL</b>		4. FEI Number <b>59-3502783</b>	
Zip <b>33713</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33706</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>MILLS, BERNIE          6678 1ST AVENUE SOUTH          ST. PETERSBURG, FL 33707</b>			7. Name and Address of New Registered Agent  Name <b>Terrance P. McNamara, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7116 Gulf Blvd., Suite E</b>  City <b>St. Pete Beach FL 33706</b>		
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:  DATE: <b>2/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete <b>BUDD, TOBIAS          6678 1ST AVENUE SOUTH          ST. PETERSBURG, FL 33707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Budd, Tobias C.          4535 2nd Ave. N.          St. Petersburg, FL 33713</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete <b>DOYLE, RONALD          6678 1ST AVENUE SOUTH          ST. PETERSBURG, FL 33707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete <b>DOYLE, JAMES          1600 35TH STREET          ROCK ISLAND, IL 61201</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Doyle, James A.          4535 2nd Ave. N.          St. Petersburg, FL 33713</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/06/04 Date		727-327-6159 Daytime Phone #

Tobias C. Budd, President