


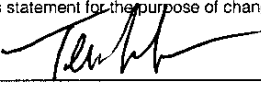

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 043 ***150.00

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DOCUMENT # P98000015812			
1. Entity Name B.D. CONSTRUCTION MANAGERS, INC.			
Principal Place of Business 4235 2ND AVE. N. SAINT PETERSBURG, FL 33713		Mailing Address 7116 GULF BLVD. SUITE E SAINT PETERSBURG BEACH, FL 33706 c/o	
2. Principal Place of Business		3. Mailing Address Terrance P. McNamara, Esq. 400 Corey Ave., 2nd Fl.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Pete Beach, FL	
Zip	Country	Zip	Country
33706	USA	33706	USA
4. FEI Number 59-3502783		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ. 7116 GULF BLVD., SUITE E SAINT PETERSBURG BEACH, FL 33706		7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Fl. City St. Pete Beach FL Zip Code 33706	
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: 1/13/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, TOBIAS	NAME	
STREET ADDRESS	4535 2ND AVE. N.	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, JAMES A	NAME	
STREET ADDRESS	4535 2ND AVE. N.	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby 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: 		DATE: 1/13/05	
Signature and typed or printed name of signing officer or director Tobias Budd, President		Date Daytime Phone #	