

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

Sep 05, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P98000016360 1. Entity Name ENVIRONMENTAL DEVELOPMENT CONSULTANTS (EDC) CORP.					
Principal Place of Business 2455 S.W. 27TH AVENUE SUITE 300 MIAMI, FL 33145			Mailing Address 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08212006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent POLANSKY, MITCHELL S 2455 S.W. 27TH AVENUE SUITE 300 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Mitchell S. Polansky, Esq. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703 City Miami	
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. Mitchell S. Polansky SIGNATURE: _____ DATE: 8/31/06				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPVP MCCABE, KEVIN 2455 S.W. 27TH AVENUE SUITE 300 MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T McCabe, Kevin 2455 S.W. 27th Avenue, Suite 300 Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCABE, KEVIN 2455 S.W. 27TH AVENUE SUITE 300 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hartman, Adrienne 2455 S.W. 27th Avenue, Suite 300 Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kevin McCabe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 8/23/06 Daytime Phone #: 305 958-8100	

Handwritten: 2 9/6