


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90002 035 ***150.00

DOCUMENT # F06000006322 1. Entity Name ECONOMOU PARTNERS CONSTRUCTION, INC.	
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Principal Place of Business 1030 W HIGGINS ROAD SUITE 305 PARK RIDGE, IL 60068	Mailing Address 1030 W HIGGINS ROAD SUITE 305 PARK RIDGE, IL 60068
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DO NOT WRITE IN THIS SPACE



06112007 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1620959	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

**CHECK MATE LICENSING SERVICE
 4411 BEE RIDGE ROAD 257
 SARASOTA, FL 34233**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECONOMOU, STEVE J 1030 W HIGGINS ROAD SUITE 305 PARK RIDGE, IL 60068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECONOMOU, JOHN W 1030 W HIGGINS ROAD SUITE 305 PARK RIDGE, IL 60068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____ Date: **6-11-07** Daytime Phone #: **(847) 692-3970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR