


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 034 ***158.75

DOCUMENT # P32838	
1. Entity Name HDR CONSTRUCTION CONTROL CORPORATION	

Principal Place of Business 2202 N WESTSHORE BLVD STE 250 TAMPA, FL 33607 US	Mailing Address 8404 INDIAN HILLS DR. OHAMA, NE 68114-4049 US
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2. Principal Place of Business - No P.O. Box # 5426 Bay Center Drive Suite, Apt. #, etc. Suite 400 City & State Tampa, FL Zip 33609-3444	Country	3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip Country
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04172008 Chg-P CR2E034 (12/06)

4. FEI Number 47-0741232	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWD, WILLIAM M. 12 COTTONDALE RD AUSTIN, TX 78738 <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	S PACHMAN, LOUIS J 5008 CHICAGO ST OMAHA, NE 68132 <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	T WENDY L LACEY 6804 N. 106TH CIRCLE OMAHA, NE 68122 <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	EVP WADSWORTH, WILLIAM H. 3115 FAIR OAKS AVENUE TAMPA, FL 33611 <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	DCEO KEEN, ERIC 3867 S. 175TH AVE OMAHA, NE 68130 <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	DCOB LITTLE, GEORGE A 2802 N 160TH STREET OMAHA, NE 68116 <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 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: *Wendy L Lacey* **4/17/08** **402-399-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #