

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98899

FILED
Apr 22, 2006
Secretary of State

Entity Name: TIMBERLINE BUILDERS, INC.

Current Principal Place of Business:

3618 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

3618 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0220534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTRELL, JAMES L.
1633 SE 47TH TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

GOMER, BRIAN D
3618 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

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.

SIGNATURE: BRIAN D. GOMER 04/22/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DIGGS, GEORGE C., II, I
Address: 2830 SW 39TH STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DVS () Delete
Name: GOMER, BRIAN D.,
Address: 3340 SE 22ND AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN D. GOMER VP 04/22/2006

Electronic Signature of Signing Officer or Director Date