2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000092679

Entity Name: LEGEND CUSTOM BUILDERS, INC.

FILED Jul 26, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
14 DEL PARDO BLVD NORTH #201 CAPE CORAL, FL 33909				5796 SANDAL LANE BOKEELIA, FL 33922		
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Current Mailing Address:			New Mailii	New Mailing Address:		
14 DEL PARDO BLVD NORTH #201 CAPE CORAL, FL 33909				PO BOX 151266 CAPE CORAL, FL 33915		
FEI Number:	65-1044948	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Addre					lew Registered Agent:	
WINER, STEVEN I 2320 FIRST ST,STE 1000 FORT MYERS, FL 33901 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:						
Electronic Signature of Registered Agent				Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT () DAVIS, CHARLES 3755 EAST 82ND INDIANAPOLIS, I	ST	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SVP () E TAYLOR, STEVE 12370 EAGLES N BOKEELIA, FL 3	NEST DR	Title: Name: Address: City-St-Zip:	SVP (X) TAYLOR, STEV 5796 SANDAL I BOKEELIA, FL	_ANE	
Title: Name: Address: City-St-Zip:	SECT () E COGGINS, KARE 1217 SE 23RD A CAPE CORAL, FI	VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	AS ()E HARDING, DEE 6881 PRINCESS AVON, IN 46123		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E COGGINS, KARE 1217 SE 23RD A CAPE CORAL, FI	VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: KAREN COGGINS SECT 07/26/2007