


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 006 ***150.00

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| DOCUMENT # P01000030705 |  |
| 1. Entity Name TEC BUILDERS INC. | |

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| Principal Place of Business 5251 GOLDEN GATE PKWY. SUITE C NAPLES, FL 34116 | Mailing Address 5251 GOLDEN GATE PKWY. SUITE C NAPLES, FL 34116 |
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| 2. Principal Place of Business 3073 Horseshoe Dr. South Suite, Apt. #, etc. 112 | 3. Mailing Address 3073 Horseshoe Dr. South Suite, Apt. #, etc. 112 |
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|----------------------------|----------------------------|
| City & State Naples FL. | City & State Naples FL. |
| Zip 34104 | Country |
| Zip 34104 | Country |



01102005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3709363 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent |
| LAMELAS, FERNANDO 5251 GOLDEN GATE PKWY SUITE C NAPLES, FL 34116 |

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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) 3073 Horseshoe Dr. South |
| #112 |
| City NAPLES FL |
| Zip Code 34104 |

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 registering) DATE _____


FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

| | |
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| 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAMELAS, FERNANDO 5251 GOLDEN GATE PKWY STE C NAPLES, FL 34116 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3073 Horseshoe Dr. South #112 Naples FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 exemption stated in Section 119.07(3)(i), 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:  (239) 352-2275
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #