


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr. 09 2007 08:00 A
158 Secretary of State

DOCUMENT # P02000071891 1. Entity Name GREEN BROTHERS CONSTRUCTION, INC.	
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Principal Place of Business 725-A COMMERCE CNTR. DR SEBASTIAN FL 32958	Mailing Address 725-A COMMERCE CNTR. DR SEBASTIAN FL 32958
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 01-0729229	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREEN, WILLIAM A II 725 COMMERCE CNTR. DRIVE SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete GREEN, WILLIAM A II
NAME	725- A COMMERCE CENTER DRIVE
STREET ADDRESS	SEBASTIAN FL 32958
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GREEN, TAMMY R
NAME	725-A COMMERCE CENTER DRIVE
STREET ADDRESS	SEBASTIAN FL 32958
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete AMICUCCI, MICHAEL
NAME	725-A COMMERCE CENTER DRIVE
STREET ADDRESS	SEBASTIAN FL 32958
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete HITES, SHANE
NAME	725-A COMMERCE CENTER DRIVE
STREET ADDRESS	SEBASTIAN FL 32958
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000697177
CITY-ST-ZIP	04/18/07-80029-020 158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowerment.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____