2006 FOR PROFIT CORPORATION

FILED Jan 17, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P92000003696 1. Entity Name ANDREW BAUMANN BUILDER, INC. Principal Place of Business Mailing Address P.O. BOX 402532 P.O. BOX 402532 MIAMI BEACH, FL 33140-0532 US MIAMI BEACH, FL 33140-0532 CR2E034 (11/05) 01122006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0368074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAUMANN, ANDREW 5401 NORTH BAY RD MIAMI, FL 33190 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE UUUUU389558 \$5.00 May Be 9. Election Campaign Financing 01/20/06-80053-001 150.00 FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BAUMANN, ANDREW STREET ADDRESS P O BOX 402532 CITY-ST-ZIP MIAMI, FL 331400532 TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 tive 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: _

CITY - ST - ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPES DE

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MARRIED