

2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-20-2007 90032-022 ***150.00

P06000063985

FILED

2007 FEB 28 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40021500



| | | |
|---|---|--|
| DOCUMENT # P06000063985 1. Entity Name CHRISTIAN BUILDERS OF BREVARD, INC. | | |
| Principal Place of Business 1435 AURORA ROAD SUITE C MELBOURNE, FL 32935 | | Mailing Address 1435 AURORA ROAD SUITE C MELBOURNE, FL 32935 |
| 2. Principal Place of Business - No P.O. Box # 1455 Glencove Ave. | 3. Mailing Address P.O. Box 361804 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State Palm Bay FL | | City & State Melbourne FL |
| Zip 32907 | Country United States | 4. FEI Number 20-4659310 |
| Zip 32936 | Country United States | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent TUTTERROW, TROY W 1435 AURORA ROAD SUITE C MELBOURNE, FL 32935 | | 7. Name and Address of New Registered Agent Name Raines, Antwaun Street Address (P.O. Box Number is Not Acceptable) 1455 Glencove Avenue City Palm Bay FL Zip Code 32907 |
| 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: <u><i>Antwaun Raines</i></u> 01-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete TUTTERROW, TROY W 1435 AURORA ROAD #C MELBOURNE, FL 32935 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition Owner Raines, Antwaun 1455 Glencove Avenue Palm Bay, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition B 3/1/07 |
| 12. I hereby certify that the information supplied with this filing 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 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 687, 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 empowers. | | |
| SIGNATURE: <u><i>Antwaun Raines</i></u> 1/26/07 321-652-8361 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | Date Daytime Phone # |



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