


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 185184</b> 1. Entity Name <b>COMMUNITY BUILDERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1024 NW SIXTH STREET FORT LAUDERDALE, FL 33311</b>	Mailing Address <b>RALEIGH R RAWLS 1024 NW 6TH STREET FORT LAUDERDALE, FL 33311</b>
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04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0001519</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$0.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RAWLS, RALEIGH R 1024 NW 6TH STREET FORT LAUDERDALE, FL 33311</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000295160 04/09/05-80018-021 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>RAWLS, RALEIGH R 1024 NW 6TH STREET FORT LAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ROACH, ERIC C 7502 FAIR OAKS AVENUE #1107 DALLAS, TX 75230</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ROACH, HAROLD 804 LYNNFIELD DRIVE ARLINGTON, TX 76014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Raleigh R. Rawls Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #