

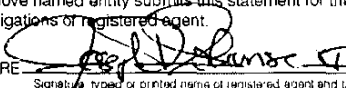
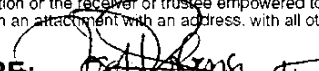


FILED
Apr 13, 2007 8:00 am
Secretary of State

40059280

DOCUMENT # 243433 1. Entity Name LAUREL BUILDERS, INC.				04-13-2007 90162 044 ***150.00	
Principal Place of Business 150 OXFORD RD, SUITE 140 P O BOX 300789 FERN PARK, FL 32730-7789		Mailing Address 150 OXFORD RD, SUITE 140 P O BOX 300789 FERN PARK, FL 32730-7789		40059280 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04092007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-0920777	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHUTTS, ROBERT T. 150 OXFORD RD STE 140 FERN PARK, FL 32730				7. Name and Address of New Registered Agent Name Joseph D. Robinson, IV Street Address (P.O. Box Number is Not Acceptable) 150 Oxford Road, Suite 140 City Fern Park FL 32730	
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  Joseph D. Robinson, IV President, Treasurer 4/10/07 <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	PD SHUTTS, ROBERT T. 150 OXFORD RD SUITE 140 FERN PARK, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ROBINSON, PETER G 3201 CARDINAL DR P-5 VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD ROBINSON, JOSEPH D IV 150 OXFORD RD FERN PARK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDT Robinson, Joseph D. IV 150 Oxford Road, Suite 140 Fern Park, FL 32730-0789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ROBINSON, DEEELLEN 315 GREYTWG ROAD VERO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASD ROBINSON, CARROLL 2302 BARBADOS DR. WINTER PARK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD RIDGWAY, JANET L 705 YOUNGSTOWN PARKWAY # 359 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	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 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 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: 		Joseph D. Robinson, IV 4/10/07 407-831-2211			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Debiture Phone *</small>			