2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2008 08:00 AM **DOCUMENT #384886 Secretary of State** 1. Entity Name BRITTON STAMPS BUILDERS, INC. Mailing Address Principal Place of Business P.O. BOX 9 438 FAIRPOINT DR **GULF BREEZE, FL 32561 GULF BREEZE, FL 32561** No Chg-P CR2E034 (11/05) 01102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1355132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STAMPS, BRITTON DO NOT WRITE 132 HIGHPOINT DR **GULF BREEZE, FL 32561** IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE STAMPS, BRITTON NAME 132 HIGHPOINT DR STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 TITLE U00000788009 01/18/08-80022-016 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CMY-S1-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

.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 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:

STREET ADDRESS CITY-ST-ZIP

INATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

850-9322982

FILED