2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 452268 1. Entity Name BUILD IT CONSTRUCTION INC.			00	FILED 6 APR 19 PH 1:	10	
Principal Place of Business 14155 POPCORN TREE CT ORLANDO, FL 32828	Mailing Address 14155 POPCORN TREE ORLANDO, FL 32828	Е СТ	SE	ECRETARY OF STA LLAHASSEE, FLOR	TE IDA	······································
2. Principal Place of Business Rivers De 3. Mailing Address 2266 Three Rivers De Suite, Apt. #, etc.			04122006	Chg-P CR2	E034 (11/05)	
City & State PLANDO FL	City & State	State RLANDO, FL.		5915468	$\nabla \mathbf{r} = \mathbf{r}$	oplied For of Applicable
Zip 32828 Country USA	32828	Country USA	5. Certificate	e of Status Desired	\$8.75 Add Fee Require	
ORLANDO, FL 32828			7. Name and Address of New Registered Agent FLESH, PAUL ddress (P.O. Box Number is Not Acceptable) 66 Three Rivers Drive ORLANDO FL 32828			
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 life if applicable. (NOTE: Registered Agent agentation) DATE						
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. OFFICERS AND DIF TITLE	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2266 Thr	ee Rivers Dr Fi. 32028	Change	S IN 11 Addition
NAME SHUMWAY, ANDREW NAME STREET ADDRESS 14155 POPCORN TREE COURT STR CITY-ST-ZIP ORLANDO, FL 32828 CITY						
TITLE DST NAME HARP, WHITNEY W STREET ADDRESS 14155 POPCORN TREE COURT ORLANDO, FL 32828	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2589 COR ORIANDO	LBYTON COURT EL. 3282	□ enange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	91 05/04	0073990 1/0601020021	Change Change **61.2	Addition 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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: SIGNATURE: BIGNATURE BIGNATURE BIGNATURE Date Descriptions Discription Discrip						