2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 535521

Entity Name: GEM BUILDERS, INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1090 SW BAYSHORE BLVD.
PT ST LUCIE, FL 34983 US
1091 SW BAYSHORE BLVD.
PT ST LUCIE, FL 34983 US

Current Mailing Address: New Mailing Address:

1090 SW BAYSHORE BLVD. 5475 NW ST JAMES DR
PT ST LUCIE, FL 34983 US 111
PT ST LUCIE, FL 34983 US

FEI Number: 59-1761048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARBER, SUSAN
2401 WINDING CREEK LANE
FORT PIERCE, FL 34981 US
BARBER, SUSAN
1321 LONE PINE DR
FORT PIERCE, FL 34982 US

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.

SIGNATURE: 01/11/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BENINATI, LOUIS J., BENINATI, LOUIS J., Name: Name: 2401 WINDING CREEK LANE 1321 LONE PINE DR Address: Address: City-St-Zip: FORT PIERCE, FL 34981 City-St-Zip: FORT PIERCE, FL 34982

Title: PST () Delete Title: PST (X) Change () Addition

Name:BARBER, SUSAN,Name:BARBER, SUSAN,Address:2401 WINDING CREEK LANEAddress:1321 LONE PINE DRCity-St-Zip:FORT PIERCE, FL 34981City-St-Zip:FORT PIERCE, FL 34982

Title: V () Delete Title: () Change () Addition

 Name:
 BARBER, MICHAEL S.
 Name:

 Address:
 1430 MALLARD CT.
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34982
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BARBER PRES 01/11/2008