2006 FOR PROFIT.CORPORATION

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DOCUMENT # F02000002965 L Critis Name MAJESTIC BUILDERS CORP. Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address S530 WSCONSIN AVENUE STE. 900 CREVY CHASE, MD 20815 OCHEVY CHASE, MD 20815	ANNUAL REPORT					Secretary of State			
550 WISCONSIN AVENUE STE. 900 CREVY CHASE, MD 20815 OF 132006 NO Chg.P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. I.E.I Number 52-0805325 6. Name and Addies of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submids distillement for the purpose of changing its registered office for registered agent, or both, in the State of Planta. Tem familiar with, and active disjustions of registered agent. SIGNATURE FILE NOWITY FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS TURN FUND PINE ISLAND ROAD 1. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 FILE NOWITY FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 TURN FUND PINE ISLAND ROAD 1. CORPORATION SYSTEM 200 SOUTH PINE SYSTEM 200 SOUTH PINE ISLAND ROAD 1. CORPORATION SYSTEM 200 SOUTH PINE SYSTEM 200 SOUTH PINE ISLAND ROAD 1. CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD 2. CORPORATION SYSTEM 200 SOUTH PINE ISLAND 200 SOUTH PI	1. Entity Name						·		
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THE Obligations of registered agent. SIGNATURE Signature. Speed or puried nerve of registered agent and vite 2 applicable. INTITE flegistered Apent signature required when reliquating) PATE FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TRUST FUND Contribution. Added to Fees 170. OFFICERS AND DIRECTORS 170. TRUE NAME ZUPNIK, STANLEY R SITERET ADDRESS 5530 WISCONSIN AVENUE STE. 900 CITY-57-2P CHEVY CHASE, MD 20815 TILE OS BORREDA, BELLA SIREET ADDRESS 5530 WISCONSIN AVENUE STE. 900 CHEVY CHASE, MD 20815 TILE MANE SORREDA, BELLA SIREET ADDRESS TRUET ADRESS TRUET ADDRESS TRUE								H	
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TITLE NAME STRICET ADDRESS	TITLE NAME	San San Daniel State of	11(9) 9611. Gr						

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 inclicated 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.



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301.951.0906

Daytime Phone #