2006 FOR PROFIT CORPORATION

FILED Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # F11980 1. Entity Name 04-10-2006 90318 032 ***150.00 CORNELIO BUILDERS, INC. Principal Place of Business Mailing Address 4751 NE OCEAN BLVD, UNIT #3 JENSEN BEACH FL 34957 4751 NE OCEAN BLVD, UNIT #3 JENSEN BEACH FL 34957 P00022617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2050173 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNELIO, GERTRUDE B Street Address (P.O. Box Number is Not Acceptable) 4751 NE OCEAN BLVD UNIT #3 JENSEN BEACH FL 34957 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Change Addition | NAME CORNELIO, RICHARD NAME STREET ADDRESS 4715 NE OCEAN BLVD #3 STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP VΠ TITLE ☐ Delete TITLE ☐ Addition NAME CORNELIO, KENNETH HAME CORNELIC KENNETH STREET ADDRESS 39 ROSE COURT STREET ADDRESS 55 COBBLE STONE COURT CITY-ST-ZIP **ROCKY HILL CT** HEWINGTO, CITY-ST-ZIP CT, 06111 SD ☐ Delete TITLE ☐ Change Addition NAME CORNELIO, GERTRUDE B NAME STREET ADDRESS 4751 NE OCEAN BLVD #3 STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TATLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 e

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP