2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001762

Entity Name: NATION BUILDERS NETWORK INC.

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4420 EDGEWATER DR 3018 SW 165 AVE

ORLANDO, FL 328041216 US MIRAMAR, FL 33027 US

Current Mailing Address: New Mailing Address:

P.O. BOX 917361 3018 SW 165 AVE

LONGWOOD, FL 32791 US MIRAMAR, FL 33027 US

FEI Number: 73-1144612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOUDEAIRE, MICHAEL

101 SOUTHALL LANE

MAITLAND, FL 32751 US

PETERSON, CARLISLE
3018 SW 165 AVE
MIRAMAR, FL 33027 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: CARLISLE PETERSON 01/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PETERSON, CARLISLE PETERSON, CARLISLE

 Name
 FETERSON, CARCISE
 Name
 FETERSON, CARCISE

 Address:
 5409 ENDICOTT PL
 Address:
 3016SW 165 AVE

 City-St-Zip:
 OVIEDO, FL 32710
 City-St-Zip:
 MIRAMAR, FL 33027

Title: D () Delete Title: S&T (X) Change () Addition Name: BEST, ARLIN Name: PETERSON, VIVILYN

 Name:
 BEST, ARLIN
 Name:
 PETERSON, VIVIC

 Address:
 1003 DUSTIN DR
 Address:
 3018 SW 165 AVE

 City-St-Zip:
 EDMOND, OK
 City-St-Zip:
 MIRAMAR, FL

 $\label{eq:title:title:D} \textit{Title:} \qquad \textit{VP} \qquad (\) \, \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{D} \qquad (\textit{X}) \, \textit{Change} \ (\) \, \textit{Addition}$

Name:BOUDEAIRE, MICHAELName:BERNHARD, CADOGÂNAddress:4504 WILLA CREEK DR., STE 211Address:1ST AVE SPRING GARDENCity-St-Zip:WINTER SPRINGS, FL 32708City-St-Zip:BLACK ROCK,, SM

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLISLE PETERSON P 01/18/2006