


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G71712</b> 1. Entity Name <b>GUZOWSKI &amp; STEPPE ORGAN BUILDERS, INC.</b>	
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Principal Place of Business <b>1070 NE 48TH COURT FT LAUDERDALE, FL 33334 US</b>	Mailing Address <b>1070 NE 48TH CT FT LAUDERDALE, FL 33334 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2355361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**WILLIAMS, CHARLES V CPA  
99 NE 17TH CT  
FT LAUDERDALE, FL 33305**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUZOWSKI, WALTER A 1217 SW 4TH CT FT LAUDERDALE, FL 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KANE, CHRISTOPHER 1350 RIVER REACH #219 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOZACKI, WALTER 193 FARM VALLEY RD. FLETCHER, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOZACKI, MARGARET 193 VALLEY FARM RD. FLETCHER, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/07-80023-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** *Christopher Kane* Christopher Kane 1/4/07 954-491-6852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #