2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 17, 2007 8:00 am Secretary of State DOCUMENT # G90117 1. Entity Name 05-17-2007 90040 006 ***158.75 APPLIED BUILDING DEVELOPMENTS, INC. Principal Place of Business Mailing Address BOOD THE ESPLANADE 7380 N. SAND LANG BOOK THE ESPLANADE 1380 W. SAND LAKE 8000 THE LOTE 32836 ORLANDO FL 32836 ORLANDO FL 32836 US 20 P/9 ROAD STE, 420 RUAD STE. 420 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2492063 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOHN, DAVID Street Address (P.O. Box Number is Not Acceptable) 8000 THE ESPLANADE - 1380 W. SAND LAKE AS, STE, 420 ORLANDO FL 32836 32819 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 11. PD Change ☐ Addition HILE □ Delete TITLE GUERON, DAN V. NAME NAME 8000 THE ESPLANADE 7380 W. SANS LAKE RD. SUITE 420 STREET ADDRESS STREET ADDRESS ORLANDO FL 32836 CITY-S1-ZIP CITY - ST- ZIP ORLANDO, FL 32819 VPSD HHE ☐ Delete BIG Change Addition KOHN, DAVID NAME NAME 7380 W. SAND LAKE RD. SHITE 420 8000 THE ESPLANADE STREET ADDRESS STREET ADDRESS ORLANDO FL 32836 ORLANDO FL 32819 CATY-ST-ZIP CITY-ST-ZIP Delete Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition THUE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE ☐ Defete mi ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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 the 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 employered 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: __

CITY-ST-ZIP

CITY-ST-7IP