2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 11, 2006 08:00 AM Secretary of State DOCUMENT # H53887 1. Entity Name D & B BUILDERS, INC. Principal Place of Business Mailing Address 628 MOLINO RD P 0 B0X 430 MOLINO, FL 32577 US MOLINO, FL 32577 US 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2520147 Not Applicable \$8.75 Additional 5. Certificate of Status DesIred Fee Required 6. Name and Address of Current Registered Agent DENHAM, DAVID DO NOT WRITE 630 MOLINO ROAD MOLINO, FL 32577 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DENHAM, DAVID NAME 630 MOLINO ROAD STREET ADDRESS CITY-ST-ZIP MOLINO, FL 32577 //nonno381889 01/11/06-80073-012 150.00 TITLE DENHAM, MARY NAME STREET ADDRESS 630 MOLINO RD. CITY-ST-ZIF MOLINO, FL 32577 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 regelver of 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 a

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO