**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00** Amended

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

99 APR 14 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** H87753

1. Corporation Name
DH Builders, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 116 Herring Gull Ct.<br>Daytona Beach Fl. 32119 | 116 Herring Gull Ct.<br>Daytona Beach<br>Fl. 32119 |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | |
| 21 | 26 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| 22 | 27 | |
| City & State | City & State | |
| 23 | 28 | |
| Zip / Country | Zip / Country | |
| 24 / 25 | 29 / 30 | |

3. Date Incorporated or Qualified: 10-23-1985

4. FEI Number: 59-2618128 — [ ] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Gisele Maluorni
82 Street Address (P.O. Box Number is Not Acceptable)
83: 116 Herring Gull Ct.
84 City: Daytona Beach FL 85 Zip Code: 32119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing agent)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | [ ] DELETE | 11 TITLE | [ ] Change [ ] Add |
| NAME | Gisele Maluorni | | 12 NAME | |
| STREET ADDRESS | 116 Herring Gull Ct. | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Daytona Beach Fl. 32119 | | 14 CITY-ST-ZIP | |
| TITLE | VP | [ ] DELETE | 21 TITLE | [ ] Change [ ] Add |
| NAME | Timothy Tucker | | 22 NAME | |
| STREET ADDRESS | 1580 Moravia Ave. | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Holly Hill Fl 32117 | | 24 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 31 TITLE | |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 41 TITLE | [ ] Change [ ] Add |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 51 TITLE | [ ] Change [ ] Add |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 61 TITLE | [ ] Change [ ] Add |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

SECRETARY OF STATE
04/23/99 01014 003
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CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gisele Maluorni Pres. — 4-12-99 — 904-322-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #