2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2004 8:00 am Secretary of State 04-14-2004 90039 015 ***150.00 DOCUMENT # H84627 1. Entity Name NEW CREATION BUILDERS, INC. 24041101 Principal Place of Business Mailing Address 100 AMAR PLACE 1337 W 19 ST PANAMA CITY BEACH, FL 32405 PANAMA CITY BEACH, FL 32413 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02172004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 59-2611516 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HESS, BRIAN 9108 WEST HWY 98 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH, FL 32407 City Zip Code FL 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. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CĎ X Addition TITLE ☐ Delete TITLE ☐ Change SOKOLOSKI, JAMES BILELO, ALCIDES M NAME NAME STREET ADDRESS 6800 GULF DR STREET ADDRESS 320 JASE COURT CITY-ST-ZIP PANAMA CITY, FL CITY-ST-ZIP PANAMA CITYYBEACH, FL Change ☐ Delete TITLE ☐ Addition TITLE PELUSO, SEAN C NAME STREET ADDRESS 1338 STEPHEN DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition SIMARD, ANITA NAME NAME STREET ADDRESS 7120 PATRONIS DRIVE 706 STREET ADDRESS PANAMA CITY, FL 32408 CITY-ST-ZIP CITY - ST - ZIP Change Delete ☐ Addition TMF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 of trustee empowered to recute 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 allower like empowered.

Date

Daytime Phone #

FILED