2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54702

Intity Name: LUMAD BUILDEDS

FILED Jan 12, 2006 Secretary of State

Entity Nai	me: LUMAR E	BUILDERS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1855 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952 US			1849 SE PORT ST L PORT ST. LUCIE, FL		
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
1855 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952 US			P.O. BOX 881208 PORT ST. LUCIE, FL	34988 US	
FEI Number:	: 59-2770167	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ANZIL, LISA L 1855 SE PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34952 US				ANZIL, LISA L 1849 SE PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34952 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:			01/12/2006	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V (ANZIL, LISA 8356 CALUME PT ST LUCIE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (ANZIL, MARK 8356 CALUME PT. ST. LUCIE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (ANZIL, LOUIS 8356 CALUME PORT ST. LUC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (ANZIL, LISA) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LISA ANZIL V 01/12/2006

8356 CALUMET COURT

PORT SAINT LUCIE, FL 34986

Address:

City-St-Zip: