2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J54702

FILED Apr 17, 2007 Secretary of State

Entity Name: LUMAR BUILDERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 550 SW PRIMA VISTA BLVD 8356 CALUMET COURT PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34986 US US **Current Mailing Address: New Mailing Address:** 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 of New Registered Agent: ANZIL, LISA L ANZIL, LISA L 550 SW PRIMA VISTA BLVD 8356 CALUMET COURT PORT ST LUCIE, FL 34983 US PORT ST LUCIE, FL 34986 US 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. SIGNATURE: 04/17/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: ANZIL, LISA Name: 8356 CALUMET COURT Address: Address: City-St-Zip: PT ST LUCIE, FL 34986 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ANZIL, MARK Name: 8356 CALUMET COURT Address: Address: PT. ST. LUCIE, FL 34986 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ANZIL, LOUIS Name: Name: 8356 CALUMET COURT Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: () Change () Addition ANZIL, LISA Name: Name: Address: 8356 CALUMET COURT Address: City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip:

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.

SIGNATURE: LISA ANZIL 04/17/2007 ٧