


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # J67692 1. Entity Name THE GEOMETRA BUILDERS CORPORATION	
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Principal Place of Business 11968 N FLORIDA AVE TAMPA, FL 33612-5222 US	Mailing Address PO BOX 17715 TAMPA, 33628-7715 US
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2782183	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DI GERLANDO, CARMEN E. 11968 N FLORIDA AVENUE TAMPA, FL 33612	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

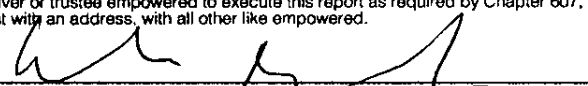
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DI GERLANDO, JOSEPH 10116 LINDELAAN TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DI GERLANDO, CARMEN 10116 LINDELAAN TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEREZ, CARMEN, E 10116 LINDELAAN TAMPA, FL
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01/31/08-80020-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 receiver or 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 an address, with all other like empowered.

SIGNATURE:  **1/14/08** **813 961-8715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)