2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 08, 2008 8:00 am Secretary of State DOCUMENT # K09773 04-08-2008 90015 018 ***210 00 1. Entity Name T BUILDERS, INC. Principal Place of Business Mailing Address 40062183 % FRANKLIND GREENMAN % FRANKLIND GREENMAN 5800 OVERSEASHOHMAY, SUITE 40 5800 CAERSEASHIGHMAY, SLITE 40 MARATHON FL 33050 MARATHON FL 33050 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0025734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENMAN, FRANKLIN D. DO NOT WRITE 5800 OVERSEAS HIGHWAY SUITE 40 IN THIS SPACE MARATHON, FL 33050 8. The above named entity submits 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 age **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TUTTLE, DAVID W NAME STREET ADDRESS P O BOX 430503 CITY-ST-ZIP BIG PINE KEY, FL 330430503 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 frue 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 received of the corporation or the received 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED