

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K63544

Entity Name: MARK BUILDERS, INC.

FILED
Mar 26, 2007
Secretary of State

Current Principal Place of Business:

MARK BUILDERS INC
2190 NE 5TH AVE
BOCA RATON, FL 334317611 US

New Principal Place of Business:

Current Mailing Address:

MARK BUILDERS INC
2190 NE 5TH AVE
BOCA RATON, FL 334317611 US

New Mailing Address:

FEI Number: 65-0116979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIXON, MARK P
2190 NE 5TH AVE
BOCA RATON, FL 334317611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: NIXON, MARK P.,
Address: 2190 NE 5TH AVE
City-St-Zip: BOCA RATON, FL 334317611

Title: D () Delete
Name: GALLAGHER, SUSAN R
Address: 2190 NE 5TH AVE
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: NIXON, MARK P
Address: 2190 NE 5TH AVE
City-St-Zip: BOCA RATON, FL 334317611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SPALDIN G, KARL R
Address: 1005 COUNTRY CLUB DRIVE, Z-106
City-St-Zip: MARGATE, FL 33063

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: MARK P NIXON

PST

03/26/2007

Electronic Signature of Signing Officer or Director

_____ Date