2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L05000072563

Entity Name: KINGDOM BUILDERS CONTRACTING LLC

Current Principal Place of Business:

283 LAIRD DRIVE
FREEPORT, FL 32439 US

New Principal Place of Business:

Current Mailing Address:

283 LAIRD DRIVE
FREEPORT, FL 32439 US

New Mailing Address:

FEI Number: 20-3384993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERREAULT, AUBREY A
283 LAIRD DRIVE
FREEPORT, FL 32439 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PERREAULT, AUBREY A
Address: 283 LAIRD DRIVE
City-St-Zip: FREEPORT, FL 32439 US

Title: MGRM ( ) Delete
Name: PERREAULT, KIMBERLY J
Address: 283 LAIRD DRIVE
City-St-Zip: FREEPORT, FL 32439 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PERREAULT, AUBREY A
Address: 283 LAIRD DRIVE
City-St-Zip: FREEPORT, FL 32439 US

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

Title: MGRM ( ) Change (X) Addition
Name: MURPHY, EDDIE C
Address: 708 ANNE AVE
City-St-Zip: WAXHAW, NC 28173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIMBERLY PERREAULT MGRM 04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date