

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 24, 2006
Secretary of State**

DOCUMENT# L05000081971

Entity Name: PRO1BUILDERS LLC

Current Principal Place of Business:

4270 ALOMA AVE.
SUITE 124-30A
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

4270 ALOMA AVE.
SUITE 124-30A
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-3332055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVORY, NANCY
142 PRINCE CHARLES DR
DAVENPORT, FL 33837 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: MGRM () Delete
Name: LONDON, CHRIS
Address: P.O. BOX 561137
City-St-Zip: ORLANDO, FL 32856

Title: MGRM () Delete
Name: SAVORY, NANCY
Address: 142 PRINCE CHARLES DR.
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM (X) Delete
Name: COULTER, STEVEN
Address: 7426 BARNACLE CT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COULTER, STEVEN
Address: 7426 BARNACLE CT
City-St-Zip: WINTER PARK, FL 32792

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

Title: () Change () Addition
Name:
Address:
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 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: NANCY SAVORY

MGRM

11/24/2006

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