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Secretary of State
02-27-2006 90054 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L34096

1. Entity Name
BUILDERS INVESTORS, INC.

40018552

Principal Place of Business	Mailing Address
23122 B SANDALFOOT PLAZA DR. BOCA RATON, FL 33428	23122 B SANDALFOOT PLAZA DR. # 204 BOCA RATON, FL 33428

2. Principal Place of Business	3. Mailing Address
	23122 B SANDALFOOT PLAZA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State BOCA RATON, FL
Zip / Country	Zip 33428 Country PALM BEACH

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0166483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCEDE, JOHN F
23122 B SANDALFOOT PLAZA DRIVE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERCEDE, JOHN F 23122 B SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: John F Mercede PRESIDENT 1-9-06 561.353.9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #