## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2008 08:00 AN Secretary of State DOCUMENT # M94986 RICHBUILT OF PALM BEACH, INC. Principal Place of Business Mailing Address 2882 TENNIS CLUB DRIVE 2882 TENNIS CLUB DRIVE W PALM BCH, FL 33417 W PALM BCH, FL 33417 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0079428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICH, JEROME L. DO NOT WRITE 2882 TENNIS CLUB DRIVE WEST PALM BEACH, FL 33417 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RICH, JEROME L. 2882 TENNIS CLUB DR. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL U00000787212 01/17/08-80074-004 150.00 TITLE VP\$ NAME RICH, DONALD S. STREET ADDRESS 2882 TENNIS CLUB DR. WEST PALM BEACH, FL 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 STREET ADDRESS CITY - ST-ZIP HILE 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 teport 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like employered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione # Date

FILED .