


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90196 022 ****61.25

DOCUMENT # N04000011008	
1. Entity Name REBUILD NORTHWEST FLORIDA, INC.	

Principal Place of Business 33 BRENT LN STE 100 PENSACOLA, FL 32503-2288	Mailing Address 33 BRENT LN STE 100 PENSACOLA, FL 32503-2288
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00001255

2. Principal Place of Business - No P.O. Box # 150 W. MAXWELL ST	3. Mailing Address 150 WEST MAXWELL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PENSACOLA FL	City & State PENSACOLA FL
Zip 32501-1719	Country USA
Country USA	Zip 32501-1719

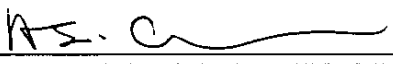


01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1920020	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALTON, GARRETT W 17 PALAFOX ST STE 394 PENSACOLA, FL 32502	
7. Name and Address of New Registered Agent Name MILES E. ANDERSON Street Address (P.O. Box Number is Not Acceptable) 150 WEST MAXWELL STREET City PENSACOLA FL Zip Code 32501	

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	MILES E. ANDERSON PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE 4/17/2007

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHIE, WALTER J JR. POST OFFICE BOX 13401 PENSACOLA, FL 32591 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTON, GARRETT 17 PALAFOX ST STE 394 PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - EXECUTIVE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MILES E. ANDERSON c/o 150 WEST MAXWELL ST PENSACOLA FL 32501-1719
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, EDWARD III C/O 315 FAIRPOINT DRIVE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - SECRETARY DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED APPLEYARD, CAROLYN P C/O 4400 BAY BLVD 34 PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAIT, THOMAS D 7417 OLD BAYPOINTE ROAD MILTON, FL 32583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERIC NICKELSEN c/o 17 W. CEDAR ST PENSACOLA FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPLEYARD, RICHARD L C/O 4400 BAYOU BLVD. #34 PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MILES E. ANDERSON PRESIDENT	Date 4/17/07	Daytime Phone # 850-497-7024
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