2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N29792

Entity Name: BUILDING BETTER COMMUNITIES OF SOUTH FLORIDA INC.

Current Principal Place of Business:

P.O. BOX 562571
KENDALL, FL 33156

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 562571
KENDALL, FL 33156

New Mailing Address:

FEI Number: 65-0308878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OWENS, FARREL
11110 SW 196 ST
203
MIAMI, FL 33157 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OWENS, FARREL
Address: 11110 SW 196 ST #203
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: SUMPTER, JOE L REV
Address: 17901 S.W. 107TH AVE
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete
Name: BICKHAM, DON
Address: 18935 S.W. 95TH AVE
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete
Name: SCOTT, TRACEY
Address: 7226 N.W. 22ND AVE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARREL OWENS P 05/04/2006
Electronic Signature of Signing Officer or Director — Date