2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002253

Entity Name: REBUILD, INC.

FILED Aug 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 923 WAUCHULA, FL

Current Mailing Address: New Mailing Address:

P.O. BOX 923 WAUCHULA, FL

FEI Number: 65-0754055 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: Name and Address of New Registered Agent:

MCCRAY, GARY L

4801 STAR AVENUE

SEBRING, FL 33870 US

MCCRAY, BELINDA J

4801 STAR AVENUE

SEBRING, FL 33870 US

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: BELINDA J. MCCRAY 08/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MCCRAY, GARY L
 Name:
 MCCRAY, BELINDA J

 Address:
 4801 STAR AVENUE
 Address:
 4801 STAR AVENUE

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:
 SEBRING, FL 33870

Title: D (X) Delete Title: () Change () Addition

 Name:
 MCCRAY, BELINDA J
 Name:

 Address:
 4801 STAR AVENUE
 Address:

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 WALKER, MAGGIE T
 Name:

 Address:
 1135 GRAND AVENUE
 Address:

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:

() Delete Title: SD Title: SD (X) Change () Addition LOUISJEUNE, CARLENE E Name: LOUISJEUNE, CARLINE E Name: 47 MARTIN LUTHER KING 47 MARTIN LUTHER KING Address: Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: WAUCHULA, FL 33873

Name: MILTON, KATHY Name: MILTON, KATHY G

Address: 1348 MARTIN LUTHER KING BLVD Address: 1348 MARTIN LUTHER KING BLVD

City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BELINDA J. MCCRAY PD 08/27/2005