№ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2006 8:00 am **Secretary of State DOCUMENT # P00000000661** 1. Entity Name 01-26-2006 90036 013 ***150.00 O'STEEN BUILDERS INC. Principal Place of Business Mailing Address 49 N.E. 165TH ST. 2560 NE 203 STREET MIAMI, FL 33162 MIAMI, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0971861 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'STEEN, L. RAYMOND Street Address (P.O. Box Number is Not Acceptable) 49 N.E. 165TH ST. MIAMI, FL 33162 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition OSTEEN, RAYMOND NAME STREET ADDRESS 49 NE 165TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33162 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VASQUEZ, BRENDA NAME NAME STREET ADDRESS 2560 NE 203 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33180 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 addiging, with an addiging, with a chapter 10 or Block 11 if changed, or on an attachment with an addiging so, with a chapter 10 or Block 11 if changed, or on an attachment with a different section of the corporation of the corporatio RAYMOND O'STEEN

SIGNATURE: