2007 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 01-18-2007 90114 007 ***150.00 **DOCUMENT # P00000000661** 1. Entity Name O'STEEN BUILDERS INC. 60003020 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0971861 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'STEEN, L. RAYMOND 49 N.E. 165TH ST. Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE X Change ☐ Addition NAME OSTEEN, RAYMOND NAME 49 NE 165TH STREET STREET ADDRESS STREET ADDRESS Vice President CITY-ST-ZIP MIAMI, FL 33162 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VASQUEZ, BRENDA NAME NAME STREET ADORESS 2560 NE 203 STREET STREET ADDRESS CITY-ST-7/P MIAMI, FL 33180 CITY-ST-ZIP TITI F ☐ 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 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - 71P

FILED Jan 18, 2007 8:00 am

☐ Addition

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP