2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 23, 2006 08:00 AM Secretary of State DOCUMENT # P00000000817 1. Entity Name GARY'S BUILDING, INC. Mailing Address Principal Place of Business 975 CR 542 E. BUSHNELL, FL 33513 975 CR 542 E. BUSHNELL, FL 33513 02172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3616498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RITCHIE, GARY DO NOT WRITE 975 C.R. 542 E BUSHNELL, FL 33513 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RITCHIE, GARY NAME U00000443642 03/06/06-80019-024 150.00 STREET ADDRESS 975 CR 542 E. CITY-ST-ZIP BUSHNELL, FL 33513 T271 F RITCHIE, BEVERLY NAME 975 CR 542 STREET ADDRESS BUSHNELL, FL 33513 City-St-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otherwise empowered.

SIGNATURE:

CITY-ST-ZIP TITLE MAME STREET ADDRESS

FILED