

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90242 005 \*\*\*150.00

<b>DOCUMENT # P00000024628</b> 1. Entity Name <b>OLD WORLD MASTER BUILDERS, INC.</b>					
Principal Place of Business <b>4505 WILKINSON ROAD SARASOTA, FL 34231</b>			Mailing Address <b>4505 WILKINSON ROAD SARASOTA, FL 34231</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">60002419</div> <div style="margin-top: 10px;">             01102006    Chg-P    CR2E034 (11/05)           </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3638051</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MACKSEY, TIMOTHY P 2521 WATERVIEW COURT SARASOTA, FL 34231</b>				7. Name and Address of New Registered Agent Name <b>TIMOTHY P. MACKSEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4505 WILKINSON RD</b> City <b>SARASOTA</b> FL <b>34233</b>	
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 <u><i>Shatley Phooksey</i></u> DATE <u>1/10/06</u> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACKSEY, TIMOTHY P 2521 WATERVIEW COURT SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MACKSEY, TIMOTHY P. 4505 WILKINSON RD SARASOTA, FLA. 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MACKSEY, TIMOTHY P 2521 WATERVIEW COURT SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 its 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 other like empowered.					
SIGNATURE: <u><i>Shatley Phooksey, Pres.</i></u> DATE <u>1/10/06</u> Daytime Phone # <u>941-926-7676</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					