


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000025216		
1. Entity Name CHOICE BUILDERS CORPORATION		

Principal Place of Business 3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607	Mailing Address 3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 DEC 20 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number 59-3642553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAFKE, TIMOTHY H 3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title, if applicable. DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HAFKE, TIMOTHY H 3445 EAGLE NEST DR. SPRING HILL, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERNANDO BEACH, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V HAFKE, MAUREEN 3445 EAGLE NEST DR. SPRING HILL, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERNANDO BEACH, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP WARREN, TODD ROY 3445 EAGLE NEST DRIVE SPRING HILL, FL 34607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2nd VP WHITE, TOMMIE 3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP TODD, RON 9043 MICHIGAN BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200082652232 12/20/06--01005--001 **61.25
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
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 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 other like empowered.

SIGNATURE: *X [Signature]* X 12-8-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #