2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

| | AITITOA | C IXEF OIX I | | | _ | | Secre | tarv | of Sta |
|--|--|---|---|--|--|-------------------------------------|----------------------------------|--|--------------------------------|
| DOCUMENT # P00000025216 1. Entity Name CHOICE BUILDERS CORPORATION | | | | | | | Secre | itti y | or Sta |
| Principal Plac | ce of Business | Mailing Address | | | 1 | | | | |
| Principal Place of Business Mailing Address 3445 EAGLE NEST DRIVE 3445 EAGLE NEST DR | | | RIVE | | | | | | |
| HERNANDO BEACH, FL 34607 HERNANDO BEACH, FL | | | | 1 | | Misa mann & Nisa mwen & & | 411 | 4 11 27 1 1121 5 6 | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 03232007 | Chg-P | CR2E03 | 4 (12/06) | |
| City & State | | City & State | | | 4. FEI Number 59-3642 | | | | pplied For of Applicable |
| Zip | Country Zip | | Coun | ntry | 5. Certificate of | f Status Desired | | 8.75 Ad ee Require | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and | Address of New F | Registered A | gent | |
| HAFKE, TIMOTHY H | | | | Name | | | | | |
| 3445 EAGLE NEST DRIVE HERNANDO BEACH, FL 34607 | | | | Street Address | (P.O. Box Number | is Not Acceptable | e) | | |
| | | | | City | | | FL | Zip Cod | le l |
| 8. The above | e named entity submits this statement f | or the purpose of changing i | ts register | l ed office or registe | red agent, or both | , in the State of Fig | | miliar with. | and accept |
| | tions of registered agent, | | - | - | - | | | | |
| SIGNATURE_ | Signature, typed or printed name of registered agen | it and other applicable (NG | TE Registere | d Agent signature require | d when reinstaling) | | DATE | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. | 9. Election Camp Trust Fund Co | | ~ ~ ~~ | .00 May Be led to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND I | DIRECTOR | S IN 11 |
| TITLE | DPST | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | HAFKE, TIMOTHY H 3445 EAGLE NEST DR. | | MAM CIDE | ET AUDRESS | | | | | 1 |
| STREET ADDRESS CITY: ST-ZIP | HERNANDO BEACH, FL 34607 | 7 | 1 - | ·ST-ZIP | | | | | l |
| TITLE | 1V | ☐ Delete | TITLE | | | | ***** | Change | Addilion |
| NAME | HAFKE, MAUREEN | | NAM | E (| | | | | (|
| STREET ADDRESS | 3445 EAGLE NEST DR. | _ | | E1 ADDRESS | | U00 | 0000684 | 135_ | |
| CITY-ST-ZIP | HERNANDO BEACH, FL 34607 | | | -ST-ZIP | | <u> </u> | | | <u>0 150.</u> (1 |
| TATLE | 2VP WHITE, TOMMIE | ☐ Delete | TITLE NAM | _ / | | | | Change | Addition |
| name Street address | 3445 EAGLE NEST DRIVE | | | ET ADDRESS | | | | | 1 |
| CITY-S1-ZIP | HERNANDO, FL 34607 | | CITY | -S1-ZIP | | | | | |
| TITLE | 3VP | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | TODD, RON | | NAM | l . | | | | | |
| STREET ADDRESS | 9043 MICHIGAN | | | ET ADDRESS -ST-ZIP | | | | | Ì |
| CITY-ST-ZIP | BROOKSVILLE, FL 34613 | | 11115 | | | | | Change | Addition |
| TITLE | | Detete | NAM | | | | | - Simily | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | . {. |
| CITY-SI-ZIP | | | CHY | -ST-71P | | | | <u>. </u> | · · · · · · |
| IIILE | | ☐ Delete | TITLE | l | | | | Change | ☐ Addition . |
| NAME | | | NAM | l . | | | | | |
| STREET ADDRESS | | | | ET ADDRESS -ST-ZIP | | | | | ` \ |
| CITY-\$1-ZIP | | 1. A CP = | | | d in Charter 110 | Elorida Statutos I | further certif | that the i | otomation |
| 12. Thereby of indicated of the corchanged. | certify that the information supplied wit on this report or supplemental report poration or the receiver or tundee emp or on an attachment with an adpress. | in this tilling does not quality is true and abourate and that powered to execute this repo with all other like empowere | ioi ille exe i my sìgnal it as requí d | ture shall have the red by Chapter 60 | same legal effect 7, Florida Statutes | as it made under and that my nam | oath; that I ar le appears in | an olficer Block 10 o | r or director r Block 11 if |

TIMOTHY HAFKE

SIGNATURE: 人