

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

P00000074502

FILED

06 JUL -7 PM 1:40

SECURITY TALLAHASSEE FLORIDA

<b>DOCUMENT # P00000074502</b> 1. Entity Name <b>KODIAK CUSTOM HOMES, INC.</b>					
Principal Place of Business <del>490 BUSINESS PARK WAY</del> <del>ROYAL PALM BEACH, FL 33411-1762</del> <b>3755 Fiscal Court</b> <b>Riviera Beach 33414</b>			Mailing Address <del>490 BUSINESS PARK WAY</del> <del>ROYAL PALM BEACH, FL 33411-1762</del> <b>P.O. Box 16337</b> <b>WPB FL 33416</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05192006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-1038930</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MATA, LUCKY</b> <del>490 BUSINESS PARK WAY</del> <b>3755 Fiscal Court</b> <del>ROYAL PALM BEACH, FL 33411-1762</del> <b>Riviera Beach, FL 33414</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MATA, LUCKY</b> <del>44503 DRAKEHORSE LANE</del> <b>P.O. Box 16337</b> <del>WEST PALM BEACH, FL 33411</del> <b>33416</b>		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	
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	
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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 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 another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/28/06</b> Daytime Phone # <b>561-790-4771</b>		