2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 27, 2006 08:00 AN DOCUMENT # P01000022412 **Secretary of State** 1. Entity Name BAYOU BUILDERS, INC. Mailing Address Principal Place of Business 14505 M AND J ROAD 14505 M AND I ROAD MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1084277 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GALLIEN, GREGORY S DO NOT WRITE 14505 M AND J RD MYAKKA CITY, FL 34251 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GALLIEN, GREGORY S NAME 14505 M AND J RD STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 U00000448866 TITLE 03/09/06-80030-022 150.M STREET ADDRESS CITY-ST-7(P TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: \

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED