2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042542

Entity Name: G.E. BUILDERS, INC.

FILED Feb 18, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

5030 CHAMPION BLVD G-6 #157 9350 FOX TROT LANE BOCA RATON, FL 33496 BOCA RATON, FL 33496

Current Mailing Address: New Mailing Address:

5030 CHAMPION BLVD G-6 #157 9350 FOX TROT LANE BOCA RATON, FL 33496 BOCA RATON, FL 33496

FEI Number: 65-1102116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, GADI 9350 FOX TROT LANE BOCA RATON, FL 33496 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete

Name: COHEN, GADI

Address: 5030 CHAMPION BLVD G-6 #157

City-St-Zip: BOCA RATON, FL 33496

Title: V () Delete Name: COHEN, ESTHER

Name: COHEN, ESTHER

Address: 5030 CHAMPION BLVD G-6 #157 City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: COHEN, GADI

Address: 9350 FOX TROT LANE
City-St-Zip: BOCA RATON, FL 33496

Title: V (X) Change () Addition

Name: COHEN, GADI

Address: 9350 FOX TROT LANE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GADI COHEN PD 02/18/2008