
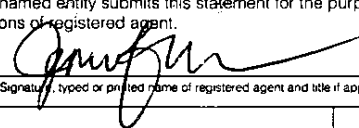
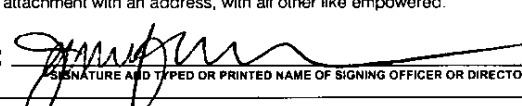


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90389 041 ***150.00

DOCUMENT # P01000055409 1. Entity Name THE DESIGN & BUILD GROUP, INC.					
Principal Place of Business 2027 MAYPORT ROAD ATLANTIC BEACH, FL 32233			Mailing Address P O BOX 330810 ATLANTIC BEACH, FL 32233		
2. Principal Place of Business 348 PLAZA			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State ATLANTIC BEACH, FL			City & State 		
Zip 32233		Country USA		4. FEI Number 59-3734509	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MACRI, JENNIFER M 348 PLAZA ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1016 10th Street North City Jacksonville Beach FL Zip Code 32250		
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  DATE 4/27/2006 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRSTEN, STEPHEN D 348 PLAZA ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1802 Eastern Drive Jacksonville Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KIRSTEN, DAVID C 348 PLAZA ATLANTIC BEACH, FL 32233	<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	S MACRI, JENNIFER M 348 PLAZA ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1016 10th St. N. Jacksonville Beach, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSTEN, MARY JO C 348 PLAZA ATLANTIC BEACH, FL 32233	<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	
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: 			Date 4/27/2006 Daytime Phone # 904.887.7453		