


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90075 006 \*\*\*150.00

<b>DOCUMENT # P01000083941</b> 1. Entity Name <b>MCCLOUD BUILDERS, INC.</b>					
Principal Place of Business <b>440 TIERRA VERDE LN WINTER PARK, FL 34787</b>			Mailing Address <b>P.O. BOX 430 GOTHA, FL 34734-0430</b>		
2. Principal Place of Business - No P.O. Box # <b>440 TIERRA VERDE LN</b>		3. Mailing Address Suite, Apt. #, etc. 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>WINTER GARDEN, FL</b>		City & State 		4. FEI Number <b>59-3748823</b>	
Zip <b>34787</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCLOUD, JACK 440 TIERRA VERDE LN WINTER PARK, FL 34787</b>				7. Name and Address of New Registered Agent Name <b>MCCLOUD, JACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>440 TIERRA VERDE LN</b> City <b>WINTER GARDEN, FL</b> Zip Code <b>34787</b>	
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 \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCLOUD, JACK</b> <b>440 TIERRA VERDE LN</b> <b>WINTER PARK, FL 34787</b>	<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"/> Change <input type="checkbox"/> Addition			
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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: <i>Jack McCloud</i> <b>3/16/07 407 832-5979</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

JACK MCCLOUD

**FLORIDA COPY**