2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

nent with an address, with all

changed, or on an attack

SIGNATURE:

May 30, 2006 8:00 am Secretary of State 05-30-2006 90036 028 ***150.00 **DOCUMENT # P01000104345** 1. Entity Name JIM LILLEY BUILDER, INC. Principal Place of Business Mailing Address 40094423 1250 N.E. 23RD AVE. 1250 N.E. 23RD AVE. POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 05252006 CR2E034 (11/05) Applied For 4. FEI Number City & State City & State Not Applicable 65-1148972 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LILLEY, JIM Street Address (P.O. Box Number is Not Acceptable) 1250 N.E. 23RD AVE. POMPANO BEACH, FL 33062 Zip Code City 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) DATE 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! -FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition ☐ Delete TITLE TITLE **LILLEY, JIM** NAME STREET ADDRESS 1250 N.E. 23RD AVE. STREET ADDRESS CITY ST-ZP CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Chance ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

26/06

FILED