
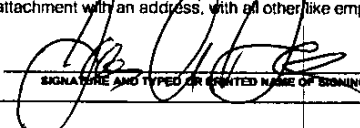


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90075 024 \*\*\*150.00

<b>DOCUMENT # P01000105596</b> 1. Entity Name <b>LIBERTY HOME BUILDERS, INC.</b>				
Principal Place of Business <b>1807 SW MACEDO BLVD PORT ST. LUCIE, FL 34984</b>		Mailing Address <b>1807 SW MACEDO BLVD PORT ST. LUCIE, FL 34984</b>		
2. Principal Place of Business <b>585 SW BILTMORE ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>585 SW BILTMORE ST</b> Suite, Apt. #, etc.		
City & State <b>PORT ST LUCIE FL</b>		City & State <b>PORT ST LUCIE FL</b>		
Zip <b>34983</b>	Country <b>U.S.A</b>	Zip <b>34983</b>	Country <b>U.S.A</b>	
4. FEI Number <b>59-3755550</b>		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CASACCI, JOSEPH R ESQ 1000 S. ANDREWS AVE. FT. LAUDERDALE, FL 33316</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>14 ROSE DRIVE</b>  City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33316</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, JEFFREY 1807 SW MACEDO BLVD PORT ST LUCIE BLVD, FL 34948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT WALSH, JEFFREY M 585 SW BILTMORE ST PORT ST LUCIE FL 34983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOVAS, JAMES A 1807 SW MACEDO BLVD PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT DOVAS, JAMES A 585 SW BILTMORE ST PORT ST LUCIE FL 34983</b> <input checked="" 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	
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 an other like empowered.				
SIGNATURE: 		Date <b>04/6/06</b> Daytime Phone # <b>772-873-1122</b>		