## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P01000117207  1. Entity Name GENERATION BUILDERS, INC						05-02-2006 !	90154 018	3 ***150	0.00	
Principal Place of Business 854 READING STREET SE PALM BAY, FL 32909		Mailing Address 854 READING STREET SE PALM BAY, FL 32909			11111111111		DI 4108) (1811 (8018	1 11 <b>16</b> 11 1 <b>16</b> 111 1 <b>161</b> 1	10 <b>0</b> 1 JF ( <b>31</b> 1)	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282006	Chg-P	CR2E034	4 (11/05)			
City & State		City & State			4. FEI Numb 59-376				plied For t Applicable	
Zip			Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name								
HAYDA, GREG B # 854 READING STREET SE				Street Address (P.O. Box Number is Not Acceptable)						
PALM BAY, FL 32909										
				City FL Zip Code						
8. The above named ontity 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. (INOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.					.00 May Be led to Fees					
10.	OFFICERS AND DIRECTORS				ADDITIONS	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11	
TITLE	DPST	☐ Delete	TITLE	I			1	Change	Addition	
NAME STREET ADDRESS	HAYDA, GREG B 854 READING STREET SE		NAM! STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE	VPFO □ Deiele TITT		TITLE				i	☐ Change	☐ Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					i	
TITLE	17/EM B/(1,7/E 02000	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME		Li Delete	NAM	I			'	Onlange		
STREET ADDRESS				et address						
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TITLE NAME		☐ Delete	TITLE					Change	Addition	
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TITLE		Delete	TITLE					☐ Change	☐ Addition	
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CITY-ST-ZIP	<u>                                     </u>			-ST-ZIP				<del></del>		
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										