2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P02000022697

Entity Name: LIBERTY BUILDERS OF OSCEOLA, INC.

Current Principal Place of Business:

1524 CYPRESS WOODS CIR
ST CLOUD, FL 34772

New Principal Place of Business:

620 BASIN DRIVE
KISSIMMEE, FL 34744

Current Mailing Address:

1524 CYPRESS WOODS CIR
ST CLOUD, FL 34772

New Mailing Address:

620 BASIN DRIVE
KISSIMMEE, FL 34744

FEI Number: 03-0396876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALCZAK, STEVEN W
1524 CYPRESS WOODS CIR
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

WALCZAK, STEVEN W
620 BASIN DRIVE
KISSIMMEE, FL 34744 US

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.

SIGNATURE: STEVEN W WALCZAK 04/20/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALCZAK, STEVEN W
Address: 1524 CYPRESS WOODS CIR
City-St-Zip: ST CLOUD, FL 34772

Title: V ( ) Delete
Name: WALCZAK, DENISE L
Address: 1524 CYPRESS WOODS CIR
City-St-Zip: ST CLOUD, FL 34772

Title: D ( ) Delete
Name: WALCZAK, STEVEN V
Address: 1524 CYPRESS WOODS CIR
City-St-Zip: ST CLOUD, FL 34772

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALCZAK, STEVEN W
Address: 620 BASIN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change ( ) Addition
Name: WALCZAK, STEVEN V
Address: 1700 KENTUCKY AVE.
City-St-Zip: ST CLOUD, FL 34769

Title: D (X) Change ( ) Addition
Name: WALCZAK, TIMOTHY J
Address: 620 BASIN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Change (X) Addition
Name: WALCZAK, DENISE L
Address: 620 BASIN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN W WALCZAK P 04/20/2006
Electronic Signature of Signing Officer or Director Date