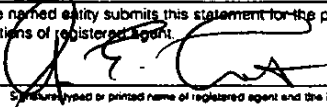
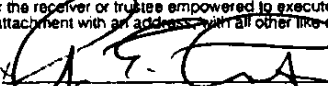


FILED
Apr 02, 2007 8:00 am
Secretary of State

03-15-2007 90025 048 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000029599			
1. Entity Name GANIK BUILDERS, INC.			
Principal Place of Business 2204 RIVERSIDE DR., NORTH CLEARWATER, FL 33764		Mailing Address 2204 RIVERSIDE DR., NORTH CLEARWATER, FL 33764	
2. Principal Place of Business - No P.O. Box # 415 BAYVIEW DR.		3. Mailing Address 415 BAYVIEW DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BELLAIR, FL		City & State BELLAIR, FL	
Zip 33756		Zip 33756	
Country		Country	
4. FEI Number 04-3624526		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, GEORGE E 2204 RIVERSIDE DR., NORTH CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name George E. Castro Street Address (P.O. Box Number is Not Acceptable) 415 Bayview Dr City Bellaire FL Zip Code 33756	
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  George E. Castro 3/27/07 Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTRO, GEORGE E 2204 RIVERSIDE DR., NORTH CLEARWATER, FL 33764 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 415 BAYVIEW DR. BELLAIR, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  George E. Castro 3/27/07 727647-1829 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			