2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000086980



Principal Place of Business

BUILDINGBLOCKS GROUP, INC.

Mailing Address

4340 EDGEWATER DR. ORLANDO, FL 32804

SIGNATURE:

4340 EDGEWATER DR. ORLANDO, FL 32804 FILED Apr 23, 2007 08:00 AM Secretary of State



				I (ASINDOLIA) ERINDIANA BONIN SENIN DON BENEN SENIN DEND SENIN DAN SENIN BONDAS (CONTRACTOR DE LA CONTRACTOR D			
DO NOT WRITE IN THIS SPACE				02022007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			→ □	4. FEI Numbe 61-142		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional	
	6. Name and Address of Current Regis	tered Agent				Fee Required	
DVORES, HARRIS N			DO NOT WRITE				
5141 GARLANGER TRAIL OVIEDO, FL 32765			IN THIS SPACE				
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							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncina	\$5.00 May Be		and the state of t	
				Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME	DS TROTTER, GARY						
STREET ADDRESS	1800 TAYLOR AVENUE						
CITY-ST-ZIP	WINTER PARK, FL 32789				Hāāā	00709441	
TITLE	DV		1		05/04/0	00726441 7-80007-021 150.00	
NAME	HILLERMAN, EARL					t manager to the property of t	
STREET ADDRESS CITY-ST-ZIP	152 SEVILLE CHASE DR						
	WINTER SPRINGS, FL 32708	********	1				
TITLE NAME	PHILLIPS, TOM III						
STREET ADDRESS	1390 HOPE RD, STE. 200			DO	NOT W	DITE	
CITY-ST-ZIP	MAITLAND, FL 32751			DO	NOT W	KIIE	
TITLE				IN 7	THIS SF	PACE	
NAME						, (O_	
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	 						
NAME			1				
STREET ADDRESS CITY-ST-ZIP							
12 I hereby c	partify that the information supplied with this f	ling does not qualify for the eve	motions conte	ined in Chanter 119	Florida Statutes 1	further certify that the information	
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 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.							