2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P02000129082 1. Entity Name H BUILT, INC. Mailing Address Principal Place of Business 8181 TAMIAMI TRAIL S 7657 39TH STREET CIRCLE EAST SUITE B SARASOTA, FL 34243 SARASOTA, FL 34231 03182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2308317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORDAN, HEATH DO NOT WRITE 7657 39TH STREET CIRCLE EAST SARASOTA, FL 34243 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PST TITLE NAME HEATH, JORDAN 7657 39TH ST CIRCLE EAST STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000749260 CITY-ST-ZIP 05/18/07-80016-020 150.00 TITLE

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:

STREET ADDRESS CITY-ST-ZIP

PSO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07