

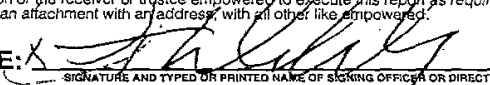


Apr 13,  
Secr

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000001367</b>		
1. Entity Name SABAL BUILDERS AND DEVELOPERS, INC.		
Principal Place of Business 616 E ATLANTIC AVE DELRAY BEACH, FL 33483		Mailing Address 616 E ATLANTIC AVE DELRAY BEACH, FL 33483
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03302005 No Chg-P CR2E034 (10/03)
		4. FEI Number 03-0500586
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
KRALL, MARK L 616 E ATLANTIC AVE DELRAY BEACH, FL 33483		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRUDDLE, PAT 1125 SW 11TH STREET BOCA RATON, FL 33486	<b>DO NOT WRITE IN THIS SPACE</b>  UD0000301935 04/13/05-80051-023 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAINO, JOHN F 750 S. OCENA BLVD BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PAT CRUDDLE 4-6-05 561-866-9555 <small>Date Daytime Phone #</small>