2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 24, 2008 08:00 A DOCUMENT # P03000032977 Secretary of State 1. Entity Name FAITHBILT BUILDERS, INC. Principal Place of Business Mailing Address 4101 WINDTREE DRIVE 4101 WINDTREE DRIVE **TAMPA, FL 33624** TAMPA, FL 33624 01272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0083907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SMITH, JAMES T DO NOT WRITE 4101 WINDTREE DRIVE **TAMPA, FL 33624** 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, based or printed name of registered agent and title if anolicable (NOTE: Registered Agent signature required when reinstating) U000000867078 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 04/08/08-80054-020 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SMITH, JAMES T NAME STREET ADDRESS 4101 WINDTREE DRIVE TAMPA, FL 33624 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME, 11. STREET ADDRESS CITY-ST-ZIP 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: NAME OF SIGNING OFFICER OR DIRECTOR AND TYPED OR PRINTED

3/22/07 (812) 610-1