2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 8:00 am Secretary of State DOCUMENT # P03000051043 04-14-2006 90137 047 ***150.00 TRI-COUNTY BUILDERS, INC. Principal Place of Business Mailing Address 200 E ROYAL PALM RD #309 200 E ROYAL PALM RD #309 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chq-P CR2E034 (11/05) City & State City & State 4 FEI Number Applied For 54-2109747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTTLIEB, BRUCE M 125 N 46 AVE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 City Zip Code FL 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) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΠ TITLE ☐ Delete TITLE Change CLARKE, GLEN Addition NAME NAME CLARKE, GLEN (SR.) STREET ADDRESS 200 E ROYAL PALM RD #309 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LOCK, WILLIAM F NAME NAME STREET ADDRESS 33 E. CAMINO REAL #801 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 his 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.

CITY-ST-ZIP

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

756-3969

FILED



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Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

April 11, 2006

RE: Tri-County Builders, Inc. - 2006 Uniform Business Reports

OUR FILE NUMBER: 4753

Gentlemen:

Enclosed, for filing with the Florida Department of State, is the 2006 Annual Report for Tri-County Builders, Inc., together with their check in the amount of \$150.00 as the filing fee. Please proceed to file as required.

Very truly yours,

GOTTLIEB & GOTTLIEB ATTORNEYS AT LAW,

Brace M. Gottlieb

BMG/aw Enclosures