

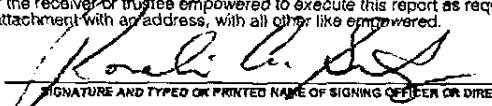


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000072469			
1. Entity Name G.M.C. HOME BUILDERS, INC			
Principal Place of Business 3900 COLONIAL BLVD #2 FORT MYERS, FL 33912	Mailing Address 3900 COLONIAL BLVD #2 FORT MYERS, FL 33912		
DO NOT WRITE IN THIS SPACE			
		05222006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 16-1673929	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent SILGUERO, GENARO JR 3900 COLONIAL BLVD # 2 IMMOKALEE, FL 33912		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILGUERO, GENARO JR. 1434 BOTANICAL DRIVE IMMOKALEE, FL 34142		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILGUERO, ROSALIE 1434 BOTANICAL DRIVE IMMOKALEE, FL 34142		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
		DO NOT WRITE IN THIS SPACE	
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: 		VP	5-23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Day/Mo/Phone #