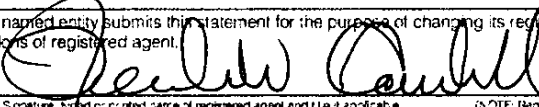
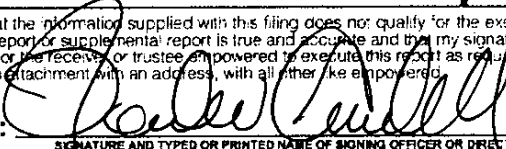


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90147 040 ***150.00

DOCUMENT # P03000101907					
1. Entity Name HALLMARK TREASURE COAST BUILDERS, INC.					
Principal Place of Business 4101 SW TUMBLE ST PORT ST LUCIE, FL 34953			Mailing Address 4102 SW TUMBLE ST PORT ST LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 4101 SW Tumble St		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Room		
City & State			City & State Port St Lucie, FL		
Zip		Country		Zip 34953 Country St Lucie	
6. Name and Address of Current Registered Agent CAUDELL, RONALD W 4102 SW TUMBLE ST PORT ST LUCIE, FL 34953				7. Name and Address of New Registered Agent Name CAUDELL, RONALD W Street Address (P.O. Box Number is Not Acceptable) 4101 SW Tumble St City Port St Lucie FL Zip Code 34953	
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  DATE 4-2-07 Signature: Typed or printed name of registered agent and file it applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAUDELL, RONALD W 4102 SW TUMBLE ST PORT ST LUCIE, FL 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAUDELL, RONALD W ☒ Change ☐ Addition 4101 SW TUMBLE ST PORT ST LUCIE, FL 34953		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOY, CHRISTOPHER N 4882 IRRINGTON TERRACE PORT ST LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 				Date 4-2-07 Daytime Phone #	