



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000116633 1. Entity Name MCBRIDE BUILDERS, INCORPORATED	
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Principal Place of Business 539 NE 40TH TERR OCALA, FL 34470	Mailing Address 539 NE 40TH TERR OCALA, FL 34470
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DO NOT WRITE IN THIS SPACE

	
03062007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 20-0328142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, DAVID A
 539 NE 40TH TERR
 Ocala, FL 34470

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

U00000661103
 03/20/07-80026-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCBRIDE, DAVID A 539 NE 40TH TERR OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBRIDE, BARBARA 539 NE 40TH TERR OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCBRIDE, EMILY 63 ALMOND PASS DR OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: David A. McBride x 3/7/07 x 352-236-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #