2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PONTED RAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 01, 2006 08:00 AM Secretary of State

2-23-06 386-668-6454 Date Date

DOCUMENT # P03000119720 1. Entity Name EMPIRE CUSTOM BUILDERS, INC.					Secre	tary or State
Principal Place of Business 301 N PINE MEADOWS DRIVE DEBARY, FL 32713 US Mailing Address 301 N PINE MEADOWS DRIVE DEBARY, FL 32713 US						
DO NOT WRITE IN THIS SPACE				02212006 4. FEI Number 20-0355	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent JOYCE, MATTHEW J 301 N PINE MEADOWS DRIVE DEBARY, FL 32713			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. It am familiar with, and accept the obligations of registered agent. Significantly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Significantly submits this statement for the purpose of changing its registered of florida. It am familiar with, and accept the obligations of registered agent. Significantly submits this statement for the purpose of changing its registered of florida or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.						
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	03/11/06 03/11/06	0452316 -80021-025 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP JOYCE, MATTHEW J 301 N PINE MEADOWS DRIVE DEBARY, FL 32713	ORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						- , , ,
TITLE NAME STREET ADDRESS CHY-ST-ZIP				· -	NOT W	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	rhis sf	ACE
NAME STREET ADDRESS CITY-ST-ZIP						
NAME 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 required in fusite empowers in to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an actingss, with all other like empowered.						