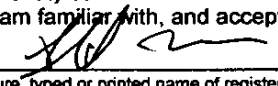



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P03000134391					
1. Entity Name H & I BUILDERS, INC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1400 HIAWATHA DRIVE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State KISSIMMEE, FL			City & State		4. FEI Number 13-4268754
Zip 34741-6327	Country OSCEOLA	Zip 34741	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name PHIL HARMON	
				Street Address (P.O. Box Number is Not Acceptable) 1400 HIAWATHA DRIVE	
				City KISSIMMEE	Zip Code 34741
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 02/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHIL HARMON 1400 HIAWATHA DRIVE KISSIMMEE FLORIDA 34741-6327		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 2/2/07		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/30/07 407 846 6265 <small>Date Daytime Phone #</small>					

FILED

2007 FEB -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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