2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 07, 2007 08:00 AM DOCUMENT # P03000139277 **Secretary of State** D.P. CUSTOM BUILDERS, INC. Principal Place of Business Mailing Address 1180 N. LANE AVENUE PO BOX 26904 JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32226 02232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0428695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRESLEY, DAVID E DO NOT WRITE 2091 DUNN CREEK CEMETARY ROAD JACKSONVILLE, FL 32218 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PRESLEY, DAVID E NAME 2091 DUNN CREEK CEMETARY ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 PRESLEY, MICHELE R NAME U00000659033 03/16/07-80013-012 158.75 STREET ADDRESS 2091 DUNN CREEK CEMETARY ROAD CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-78P

R DIRECTOR

3-3-07