2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2005 8:00 am Secretary of State DOCUMENT # P03000147381 1. Entity Name 04-13-2005 90030 015 ***150.00 BUILDING AMERICA USA, INC. Principal Place of Business Mailing Address P.O BOX 674 P.O BOX 674 VALPARAISO FL 32580 VALPARAISO FL 32580 2. Principal Place of Business. Los Harrison Suite, Apt. #, etc. 3. Mailing Address 465 + Harrison Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 34-2012586 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent WINTERS: DORIS M 109 LEA PLACE CRESTVIEW FL 32536 eertail Rd 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 4-8-05 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Delete ☐ Change ☐ Addition NAME WINTERS, ROBERT L NAME 208 KELLEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-7IP Thomas R. Trossback Jr Dehange 170 Deertrait Rd Defuniar Springs, FL 32433 Delete TITLE STD TITLE WINTERS, LYLE C NAME STREET ADDRESS 208 KELLEY ROAD STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP TITLE ☐ Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED