2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000150905 06-01-2006 90002 016 ***150.00 1. Entity Name A & A BUILDERS INC Principal Place of Business Mailing Address 2926 6TH AVE NORTH 2926 6TH AVE NORTH 50020185 ST PETE, FL 33713 ST PETE, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05242006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 27-4193614 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STIPE: MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2926 6TH AVE NORTH ST PETE, FL 33713 City Zip Code 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 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 \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STIPE, MICHAEL NAME 2926 6TH AVE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBÜRG, FL 33713 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ■ Addition CRABILL, LARRY J NAME NAME STREET ADDRESS 14597 117TH AVE. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP Defete ☐ Change ☐ Addition TITLE TITLE CRABILL, CHRISTOPHER A NAME NAME STREET ADDRESS 14597 117TH AVE. STREET ADDRESS LARGO, FL 33774 CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FICER OR DIRECTOR

12. I hereby certify that the information supplied with this filling 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 eath; 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.

FILED Jun 01, 2006 8:00 am