

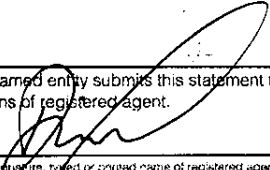
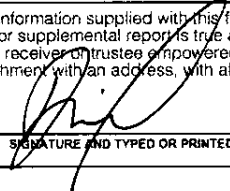


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90196 047 \*\*\*150.00

<b>DOCUMENT # P04000008783</b> 1. Entity Name <b>ROYALTY POOL BUILDERS INC</b>					
Principal Place of Business <b>1360 13TH ST SW NAPLES, FL 34117</b>			Mailing Address <b>1360 13TH ST SW NAPLES, FL 34117</b>		
2. Principal Place of Business <b>1729 47 Ave NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1729 47 Ave NE</b> Suite, Apt. #, etc.			
City & State <b>NAPLES, FL.</b>		City & State <b>NAPLES, FL.</b>		4. FEI Number <b>20-0572757</b>	
Zip <b>34120</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ, DENNY 1360 13TH ST SW NAPLES, FL 34117</b>				7. Name and Address of New Registered Agent Name <b>SANCHEZ, DENNY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1729 47 Ave NE</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34120</b>	
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  <b>Denny Sanchez</b> <b>3-24-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>SANCHEZ, DENNY</b> <b>780 94TH AVENUE N</b> <b>NAPLES, FL 34108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>SANCHEZ, DENNY</b> <b>1729 47 Ave NE</b> <b>NAPLES, FL. 34120</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Denny Sanchez, Pres. 3/24/06</b> <b>(239) 289-5000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					