2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010852

Entity Name: RJW BUILDERS, INC.

Name:

Address:

City-St-Zip:

458 NE BLUEFISH POINT

PORT SAINT LUCIE, FL 34983 US

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 458 NE BLUEFISH POINT PORT ST. LUCIE, FL 34983 US **Current Mailing Address: New Mailing Address:** 458 NE BLUEFISH POINT PORT ST. LUCIE, FL 34983 US FEI Number: 20-0602666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOFIELD, REBECCA S 458 NE BLÜEFISH POINT PORT ST. LUCIE, FL 34983 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SCOFIELD, REBECCA S Name: Name: 458 NE BLUEFISH POINT Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: HAYDEN, BEVERELY Name: P.O. BOX 881706 Address: Address: PORT SAINT LUCIE, FL 34988 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SCOFIELD, RAYMOND A Name: Name: 458 NE BLUEFISH POINT Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition SCOFIELD, WALTER G

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: REBECCA SCOFIELD 03/28/2008