

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90035 017 ***158.75

DOCUMENT # P04000055881 1. Entity Name FAR NORTH BUILDERS, INC.					
Principal Place of Business 4300 ROCK ISLAND RD. LAUDERHILL, FL 33319 US			Mailing Address 4300 ROCK ISLAND RD. LAUDERHILL, FL 33319 US		
2. Principal Place of Business 5348 NW 39th Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 1283 <small>Suite, Apt. #, etc.</small>			
City & State Fort Lauderdale FL 33309 <small>Zip</small>		City & State Altamont, CO 81101 <small>Zip</small>		4. FEI Number 54-2148253	
Country Bahamas		Country Altamont		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, JUSTIN R 4300 ROCK ISLAND RD LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name CLARK, Justin R Street Address (P.O. Box Number is Not Acceptable) 5348 NW 39th Ave City Fort Lauderdale FL <small>Zip Code</small> 33309		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLARK, JUSTIN R 4300 ROCK ISLAND RD LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLARK, Justin R 5348 NW 39th Ave Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, JUSTIN R 4300 ROCK ISLAND RD LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, Justin R 5348 NW 39th Ave Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HENSLEY, TAMMY L 5348 NW 39TH AVE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/20/06 (954-551-4151) <small>Date Daytime Phone #</small>		