


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90412 037 \*\*\*150.00

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P04000057436</b>   |   |    |   |
| 1. Entity Name<br><b>KINGDOM BUILDERS, INC. OF TALLAHASSEE</b>   |   |   |   |
| Principal Place of Business<br><b>3823 WIGGINGTON RD<br/>TALLAHASSEE, FL 32303</b>   |   | Mailing Address<br><b>3823 WIGGINGTON RD<br/>TALLAHASSEE, FL 32303</b>  |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEI Number<br><b>APPLIED FOR 59-3240615</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>FERNANDEZ, ROBERT<br/>3823 WIGGINGTON RD<br/>TALLAHASSEE, FL 32303</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 the obligations of registered agent   |   |   |   |
| SIGNATURE _____<br><small>Signature typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>FERNANDEZ, ROBERT Y<br>3823 WIGGINGTON ROAD<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>BREEN, KEVIN<br>3345 N. MONROE STREET, #10<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>SUSAN H. FERNANDEZ<br>3823 WIGGINGTON RD.<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 supplementary 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 all other like empowered. |   |   |   |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | Date <b>11AP06</b><br><small>Daytime Phone #</small>  |   |

ATTACHMENT



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

66017417  
PO4000057436

In reply refer to: 0441158741  
April 24, 2006 LTR 147C  
59-3240645

KINGDOM BUILDERS INC OF TALLAHASSEE  
3926 WIGGINGTON RD  
TALLAHASSEE, FL 32303

Taxpayer Identification Number: 59-3240645

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of April 24, 2006.

The Employer Identification Number (EIN) shown above has been assigned to you for business Federal tax purposes. Please include it when making Federal tax deposits, filing tax returns, and when corresponding with, or speaking to, the Internal Revenue Service.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

*Renee E Coleman*

RENEE E COLEMAN

29-74516

Customer Service Representative