


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90351 045 \*\*\*150.00

<b>DOCUMENT # P04000073386</b>			
1. Entity Name <b>BUILD-AID, INC.</b>			
Principal Place of Business <b>31 S. MAIN STREET, SUITE 1 WINTER GARDEN, FL 34787</b>		Mailing Address <b>31 S. MAIN STREET, SUITE 1 WINTER GARDEN, FL 34787</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. EEI Number <b>03-0591438</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DAVIS, RONALD J II 551 E. LAZY MEADOW DRIVE JACKSONVILLE, FL 32225</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>N/A</u> (NOTE: Registered Agent signature required when reappointing) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, DONALD 31 S. MAIN STREET, SUITE 1 WINTER GARDEN, FL 34787 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an officer like empowered.			
SIGNATURE <u>DONALD T. BURNS - PRES.</u>		9/15/05 907-659-1375 Daytime Phone	