

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90019 017 \*\*\*150.00

**DOCUMENT # P04000073386**

1. Entity Name  
**BUILD-AID, INC.**



Principal Place of Business  
**31 S. MAIN STREET, SUITE 1  
WINTER GARDEN, FL 34787**

Mailing Address  
**31 S. MAIN STREET, SUITE 1  
WINTER GARDEN, FL 34787**

2. Principal Place of Business - No P.O. Box #  
**1302 LOG LANDING DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 682**  
Suite, Apt. #, etc.

City & State  
**DOVER, FL.**

City & State  
**GUTHA FLORIDA**

4. FEI Number  
**03-0541438**

Applied For  
Not Applicable

Zip  
**34761** Country  
**U.S.**

Zip  
**34734** Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, RONALD J II  
551 E. LAZY MEADOW DRIVE  
JACKSONVILLE, FL 32225**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **P BURNS, DONALD** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **31 S. MAIN STREET, SUITE 1  
WINTER GARDEN, FL 34787**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **BURNS, DONALD** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **1302 LOG LANDING DR.  
DOVER, FL. 34761**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD BURNS**

**4/25/07**

**4076970484**