


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000078584

1. Entity Name
M.L.P. BUILDERS, INC.



Principal Place of Business
24 DOCKSIDE LANE #494
KEY LARGO, FL 33037 US

Mailing Address
24 DOCKSIDE LANE #494
KEY LARGO, FL 33037 US

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1647954

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARMEN, PREBEL
24 DOCKSIDE LANE #494
KEY LARGO, FL 33037

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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 _____ (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**

U00000734430
 05/09/07-80123-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARMEN, PREBEL 24 DOCKSIDE LANE #494 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MERLE, PREBEL 24 DOCKSIDE LANE #494 KEY LARGO, FL 33037
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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: Carmen Prebel 4-22-2007 305-367-2743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #