2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 08:00 AM Secretary of State **DOCUMENT # P04000079758** 1. Entity Name LAKEWOOD BUILDERS, INC. Principal Place of Business Mailing Address 7353 INTERNATIONAL PLACE SUITE 307 7353 INTERNATIONAL PLACE SUITE 307 SARASOTA, FL 34240 US SARASOTA, FL 34240 02032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1138912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, ALEXANDER DO NOT WRITE 7353 INTERNATIONAL PLACE **SUITE 307** IN THIS SPACE SARASOTA, FL 34240 6. 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: Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GARCIA, ALEXANDER 7353 INTERNATIONAL PLACE #307 STREET ADDRESS 111(1111)1453(01)5 SARASOTA, FL 34240 CITY-ST-ZIP 93/38/06 80012-001 150.00 TITLE GARCIA, ROSA NAME STREET ADDRESS 7353 INTERNATIONAL PLACE #307 SARASOTA, FL 34240 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier female report is the and acclirate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other the empowered.

SIGNATURE:

CITY-ST-ZIP TITLE MAME STREET ADDRESS

SIDNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

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Daytime Phone P

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