2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-29-2007 90101 035 ***150.00 DOCUMENT # P04000085197 TERN POINT BUILDERS, INC. 60009640 Principal Place of Business Mailing Address 11420 161ST STREET 11420 161ST STREET JUPITER FARMS, FL 33478 JUPITER FARMS, FL 33478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 34-1997513 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEAVER, THOMAS R III 11420 161ST STREET Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33478 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition WEAVER, THOMAS R III NAME NAME 11420 161ST STREET STREET ADDRESS STREET ADDRESS JUPITER, FL 33478 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition WEAVER, THOMAS R III NAME NAME STREET ADDRESS 11420 161ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33478 TITLE S ☐ Delete ☐ Change ☐ Addition WEAVER, THOMAS R III NAME NAME STREET ADDRESS STREET ADDRESS 11420 161ST STREET JUPITER, FL 33478 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

RWeaver

FILED Jan 29, 2007 8:00 am

Secretary of State