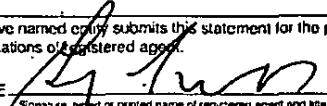
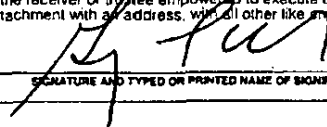


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
Apr 25, 2005 8:00 am
Secretary of State

04-05-2005 90041 047 ***150.00

DOCUMENT # P04000113654					
1. Entry Name GLM BUILDERS, INC.					
Principal Place of Business 1025 NW 18TH AVE DELRAY BCH, FL 33445			Mailing Address 1025 NW 18TH AVE DELRAY BCH, FL 33445		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 70-7701898	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENTRY, LYNNE S.K. ESQ 955-N NW 17TH AVE DELRAY BCH, FL 33445				7. Name and Address of New Registered Agent Name GARY L. MILLER Street Address (P.O. Box Number is Not Acceptable) 1025 NW 18TH AVE City DELRAY BEACH FL Zip Code 33445	
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 				DATE 3-14-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PTDS MILLER, GARY L 1025 NW 18TH AVE DELRAY BCH, FL 33445 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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, which all other like empowered.					
SIGNATURE: 				DATE 3-14-05 DEVICE PHONE # 561 243-9878	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66012814



01242005 Chg-P CR2E034 (10/03)