2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119868

FILED
Sep 05, 2005
Secretary of State

Entity Name: ANASTASIA CUSTOM BUILDERS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
543 NW CONOVER PORT ST LUCIE, FL 34983	

Current Mailing Address:	**New Mailing Address:**
543 NW CONOVER PORT ST LUCIE, FL 34983	

FEI Number: **FEI Number Applied For (X)**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CARLYLE, RICHARD 543 NW CONOVER PORT ST LUCIE, FL 34983 US	

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP ( ) Delete
Name:	CARLYLE, ANASTASIA
Address:	543 NW CONOVER
City-St-Zip:	PORT ST LUCIE, FL 34983

Title:	V ( ) Delete
Name:	CARLYLE, ANASTASIA
Address:	543 NW CONOVER
City-St-Zip:	PORT ST LUCIE, FL 34983

Title:	ST ( ) Delete
Name:	WINDEN, VICKIE
Address:	543 NW CONOVER
City-St-Zip:	PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DP (X) Change ( ) Addition
Name:	CARLYLE, RICHARD
Address:	543 NW CONOVER
City-St-Zip:	PORT ST LUCIE, FL 34983

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD CARLYLE   DP   09/05/2005

Electronic Signature of Signing Officer or Director   Date