

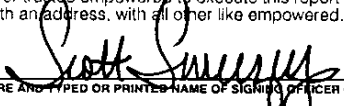


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90281 034 ***150.00

DOCUMENT # P04000125485 1. Entity Name PLANS 2 BUILD, INC.					
Principal Place of Business 7745 PINE LAKE BLVD PORT ST LUCIE, FL 34952				Mailing Address 7745 PINE LAKE BLVD PORT ST LUCIE, FL 34952	
2. Principal Place of Business 472 SE EVANS AVE		3. Mailing Address SAME 472 SE EVANS AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04062005 Chg-P CR2E034 (10/03)	
City & State PORT ST. LUCIE FL.		City & State PORT ST. LUCIE FL.		4. FEI Number 20-1623544	
Zip 34984		Country ST. LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWEEZEY, SCOTT 7808 SADDLEBROOK DR PORT ST LUCIE, FL 34986		7. Name and Address of New Registered Agent Name SCOTT SWEEZEY Street Address (P.O. Box Number is Not Acceptable) 472 SE EVANS AVE City PORT ST. LUCIE FL Zip Code 34984			
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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SWEEZEY, SCOTT STREET ADDRESS 7808 SADDLEBROOK DR CITY-ST-ZIP PORT ST LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE P NAME SCOTT SWEEZEY STREET ADDRESS 472 SE EVANS AVE CITY-ST-ZIP PORT ST. LUCIE FL 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SWEEZEY, GINA STREET ADDRESS 7808 SADDLEBROOK DR CITY-ST-ZIP PT ST LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE V NAME SWEEZEY GINA STREET ADDRESS 472 SE EVANS AVE PSL FL 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.					
SIGNATURE: 			APRIL 29, 2005 603.608.5851 Date Daytime Phone #		