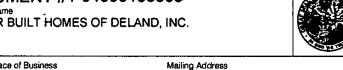
2006 FOR PROFIT CO ANNUAL REF DRATION

## FILED Jan 24, 2006 8:00 am **Secretary of State**

01-24-2006 90031 023 \*\*\*150.00

## DOCUMENT # P04000163600

BETTER BUILT HOMES OF DELAND, INC.



Principal Place of Business 1060 E INDUSTRIAL AVE 1060 E INDUSTRIAL AVE UNIT J ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 2. Principal Place of Business 3. Mailing Address Drive 1060 E. Industrial 1060 E. Industrial Drive Suite, Apt. #, etc. Suite, Apt. #, etc. Uni+ J UnitJ City & State City & State Orange

01112006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-1983447 Orange Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required <u> 32763</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUER, KIRK T Street Address (P.O. Box Number is Not Acceptable) 223 S WOODLAWN BLVD DELAND, FL 32721 City 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 Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠΡΤ TITLE Delete IIILE ■ Addition ROCKHOLD, EDWARD NAME NAME STREET ADDRESS 1500 E TAYLOR RD STREET ADDRESS DELAND, FL 32724 CITY-ST-7IP CITY-ST-7IP DVS Delete ☐ Change ■ Addition TILE TILE WILKINS, ROBERT NAME 1529 HAZEN ROAD STREET ADORESS STREET ADDRESS DELAND, FL 32720 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition FM F TITL E ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-719

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.

SIGNATURE:	Bobert Welms	ROBERT WILKINS	1-11-06	0 386-775-087
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #