2007 FOR PROFIT CORPORATION

Mar 01, 2007 8:00 am Secretary of State ANNUAL REPORT 03-01-2007 90009 006 ***150.00 DOCUMENT # P05000016939 PROMINENT BUILDING GROUP, INC. 40026571 Mailing Address Principal Place of Business 17701 CHAMPAGNE DR. 17701 CHAMPAGNE DR. WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Numbe 20-2503248 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 1701 CHAMPAGNE DR. WINTER GARDEN, FL 34787 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 pricted name of registered agent and title if applicable (NOTE: Regisfered Agent's griature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Addition TITLE Change IIILE Delete SCOTT, JEFFREY NAME MALA 1380 GRAND HIGHWAY SUITE 200 STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete 1984 NAME GAILLI, RON NAME 1380 GRAND HIGHWAY SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-S1-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change ☐ Addition 1000 NAML MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition DILLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-S1-ZIP

FILED