Sent By: ALANS ACCTG & TAX SVC; 9547832578; S

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60038614

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000022220

1. Entity Name
HOME BUILDER INVESTMENT CORP

Principal Place of Business
~~11435 NW 34TH ST~~
~~STE 1961~~
~~MIAMI, FL 33178~~

Mailing Address
900 E ATLANTIC BLVD
STE 17
POMPANO BEACH, FL 33060

08212006 Chg-P CR2E034 (11/05) 06

2. Principal Place of Business	3. Mailing Address
900 E ATLANTIC BLVD	
Suite, Apt. #, etc.: STE 17	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State
Zip: 33060 Country: USA	Zip Country

4. FEI Number 20-2320193 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUPARITZ, ALAN D 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ~~BEHARRY, LINWALD~~ ~~11435 NW 34TH ST STE 1961~~ ~~MIAMI, FL 33178~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD TEYMUR KARAYEV 1865 S. OCEAN DR APT 4G HALLANDALE FL 33009 ☒ 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
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
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 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: [signature] TEYMUR KARAYEV 9-1-06 (786) 271 5761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #