



FILED
Apr 27, 2006 8:00 am
Secretary of State

03-27-2006 90241 037 ***150.00

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P05000025621 1. Entity Name TREMBLAY BUILDERS AND ASSOCIATES INC.</div><div style="text-align: center;"></div><div style="text-align: right;">03-27-2006 90241 037 ***150.00</div></div>		<div style="font-size: 24pt; font-weight: bold;">66012115</div> <div style="text-align: center;"></div>																																																																																																																																													
Principal Place of Business 1870 35TH AVE VERO BEACH, FL 32960 US		Mailing Address 1870 35TH AVE VERO BEACH, FL 32960 US																																																																																																																																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																													
City & State		City & State																																																																																																																																													
Zip	Country	Zip	Country																																																																																																																																												
6. Name and Address of Current Registered Agent TREMBLAY, JONATHAN 1870 35TH AVE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City</div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">FL</div><div style="border: 1px solid black; padding: 2px;">Zip Code</div></div>																																																																																																																																													
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 retesting) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:50%;">P</td><td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TREMBLAY, JONATHAN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1870 35TH AVE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>VERO BEACH, FL 32960</td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>		TITLE	P	<input type="checkbox"/> Delete	NAME	TREMBLAY, JONATHAN		STREET ADDRESS	1870 35TH AVE		CITY - ST - ZIP	VERO BEACH, FL 32960		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:50%;"></td><td style="width:10%; text-align: right;"><input type="checkbox"/> Change</td><td style="width:10%; text-align: right;"><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change</td><td style="text-align: right;"><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change</td><td style="text-align: right;"><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change</td><td style="text-align: right;"><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change</td><td style="text-align: right;"><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td><td></td></tr></table>		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP			
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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 lines empowered.																																																																																																																																															
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="font-size: 24pt; font-weight: bold;">3/16/06</div> <div style="text-align: center;">Date</div> <div style="text-align: center;">Daytime Phone #</div>																																																																																																																																													