2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 08, 2007 08:00 AM **DOCUMENT # P05000027585** Secretary of State 1. Entity Name 5 STAR BUILDERS INC. OF S.W. FLORIDA Principal Place of Business Mailing Address -2318 RIVER RIDGE DR. 2318 RIVER RIDGE DR. SARASOTA, FL 34239 SARASOTA, FL 34239 No Cha-P CR2E034 (11/05) 02192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1505063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIEBKE, ROGER M DO NOT WRITE 2318 RIVER RIDGE DR. SARASOTA, FL 34239 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WIEBKE, ROGER M NAME 2318 RIVER RIDGE DR. STREET ADDRESS CITY+ST-7)P SARASOTA, FL 34239 TITLE 03/19/07-80010-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 expowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR