

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90427 035 \*\*\*158.75

<b>DOCUMENT # P05000047945</b>					
<b>1. Entity Name</b> NDR BUILDERS, INC.					
<b>Principal Place of Business</b> 4255 W HUMPHREY ST STE 1723 TAMPA, FL 33614			<b>Mailing Address</b> 4255 W HUMPHREY ST STE 1723 TAMPA, FL 33614		
<b>2. Principal Place of Business</b> 20139 SUNCREST DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 20139 SUNCREST DR Suite, Apt. #, etc.			
<b>City &amp; State</b> BROOKSVILLE FL		<b>City &amp; State</b> BROOKSVILLE FL		<b>4. FEI Number</b> 86-1127279	
<b>Zip</b> 34601		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		<b>7. Name and Address of New Registered Agent</b> Name: <u>NEIL RIDDLE</u> Street Address (P.O. Box Number is Not Acceptable): <u>20139 SUNCREST DR</u> City: <u>BROOKSVILLE</u> FL Zip Code: <u>34601</u>			
<b>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.</b> SIGNATURE: <u>[Signature]</u> <b>NEIL D. RIDDLE PRESIDENT</b> <b>4-27-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PSTD <b>NAME</b> RIDDLE, NEIL <b>STREET ADDRESS</b> 4255 W HUMPHREY ST STE 1723 <b>CITY-ST-ZIP</b> TAMPA, FL 33614	<input type="checkbox"/> Delete		<b>TITLE</b> [Change] <input checked="" type="checkbox"/> Addition <b>NAME</b> [Change] <input checked="" type="checkbox"/> Addition <b>STREET ADDRESS</b> 20139 SUNCREST DR. <b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> NORTH, GREGORY <b>STREET ADDRESS</b> 4255 W HUMPHREY ST STE 1723 <b>CITY-ST-ZIP</b> TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> [Change] <input type="checkbox"/> Addition <b>NAME</b> [Change] <input type="checkbox"/> Addition <b>STREET ADDRESS</b> [Change] <input type="checkbox"/> Addition <b>CITY-ST-ZIP</b> [Change] <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> [Change] <input type="checkbox"/> Addition <b>NAME</b> [Change] <input type="checkbox"/> Addition <b>STREET ADDRESS</b> [Change] <input type="checkbox"/> Addition <b>CITY-ST-ZIP</b> [Change] <input type="checkbox"/> Addition	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> TRACY L. RIDDLE <b>STREET ADDRESS</b> 20139 SUNCREST DRIVE <b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> [Change] <input type="checkbox"/> Addition <b>NAME</b> [Change] <input type="checkbox"/> Addition <b>STREET ADDRESS</b> [Change] <input type="checkbox"/> Addition <b>CITY-ST-ZIP</b> [Change] <input type="checkbox"/> Addition	<input type="checkbox"/> Delete		<b>TITLE</b> [Change] <input type="checkbox"/> Addition <b>NAME</b> [Change] <input type="checkbox"/> Addition <b>STREET ADDRESS</b> [Change] <input type="checkbox"/> Addition <b>CITY-ST-ZIP</b> [Change] <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/27/06</u> Daytime Phone #: <u>813-431-4543</u>		