2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052205

Entity Name: 3DJ BUILDERS, INC.

STONE, DAWN

3700 NW 124 AVE

CORAL SPRINGS, FL 33065

Name:

Address:

City-St-Zip:

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9201 NW 1 STREET CORAL SPRINGS, FL 33071 US **Current Mailing Address: New Mailing Address:** 9201 NW 1 STREET CORAL SPRINGS, FL 33071 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUNSHINE, DARLENE SUNSHINE, DARLENE E 9201 NW 1 STREET 9201 NW 1 STREET CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33071 US 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. SIGNATURE: E DARLENE SUNSHINE 04/20/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: () Change () Addition SUNSHINE, DAVID H Name: Name: 9201 NW 1 STREET Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: Title: VΡ Title: (X) Delete () Change () Addition Name: RADULIC, JOSEPH T SR. Name: 1342 NW 87TH TERRACE Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip: Title: Title: CFO (X) Delete () Change () Addition BENSON, ELIZABETH Name: Name: 3700 NW 124 AVE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: CEO (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

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