

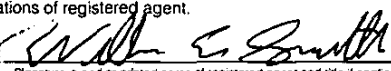
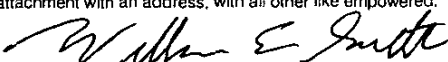


FILED
Apr 25, 2006 8:00 am
Secretary of State

FILED

DOCUMENT # P05000078443				Secretary of State 04-25-2006 90111 008 ***150.00	
1. Entity Name WES BUILDERS, INC.					
Principal Place of Business 6010 NE 5TH AVENUE FT. LAUDERDALE, FL 33334		Mailing Address 6010 NE 5TH AVENUE FT. LAUDERDALE, FL 33334			
2. Principal Place of Business Suite, Apt. #, etc. 4370 Coconut Rd City & State Lake Worth, Florida 33461 Zip Country		3. Mailing Address Suite, Apt. #, etc. 4370 Coconut Rd City & State Lake Worth, Florida 33461 Zip Country		 04092006 Chg-P CR2E034 (11/05) 4. FEI Number 20-4150478 <input type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WILLIAM E 6010 NE 5TH AVENUE FT. LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4370 Coconut Rd City Lake Worth FL Zip Code 33461			
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  DATE 4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM E 6010 NE 5TH AVENUE FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4370 Coconut Rd Lake Worth, FL 33461			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 like empowered.					
SIGNATURE:  Director 4/17/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					