


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90012 035 ***150.00

DOCUMENT # P05000087982	
1. Entity Name ATLANTIC COASTAL BUILDERS INC.	

Principal Place of Business 10526 SW 86TH PL GAINESVILLE, FL 32608	Mailing Address 10526 SW 86TH PL GAINESVILLE, FL 32608
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2. Principal Place of Business - No P.O. Box # 24 HIBISCUS DR.	3. Mailing Address 24 HIBISCUS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORMOND BEACH FL.	City & State ORMOND BEACH FL.
Zip 32176	Country VOLUSIA



02172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3058998	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NAVOLIO, TED 10526 SW 86TH PL GAINESVILLE, FL 32608	

7. Name and Address of New Registered Agent	
Name NAVOLIO, TED	
Street Address (P.O. Box Number is Not Acceptable) 351 LINDA CIR.	
City SOUTH DAYTONA	FL Zip Code 32119

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: *Ted Navolio* / **TED NAVOLIO** **FEB. 18, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GENTRY, JEFFREY 1920 OCEAN SHORE BLVD #14 ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GENTRY, BOBBY V 1920 OCEAN SHORE BLVD #14 ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. GENTRY, JEFFERY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 HIBISCUS DR. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. GENTRY, BOBBY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 HIBISCUS DR. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bobby Gentry* **FEB. 18, 2007 386 441-5114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #