2006 FOR PROFIT CORPORATION
--ANNUAL REPORT (AR)

5/5/2006-90158-030-\$150.00-\$150.00 **DOCUMENT # P05000095639** SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name PAGE BUILDERS INC 06 JUN 19 AMII: 31 Principal Place of Business Mailing Address 401 S BERTHE AVENUE PANAMA CITY FL 32404 401 S BERTHE AVENUE PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George HARPER, GEORGE L Q Box Number is Not Acceptable) 401 SOUTH BERTHE AVENUE PANAMA CITY FL 32404 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 far the obligations of registered agent. FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F Change ☐ Addition Harper, George L 4791 Sunset Pol HARPER, GEORGE L. NAME 401 SOUTH BERTHE AVENUE STREET ADDRESS STREET ADDRESS St. Cloud, FL 34771 CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP Delete ☐ Change Addition TIΠE RILE NAME NAME PACE, BILLY D STREET ADDRESS 401 SOUTH BERTHE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32404 SEC TRES me. ☐ Change Addition 177.5 بر معلون 🗖 🕳 🕳 Harper, Sally A 4013. Beethe Ave NAME MAMIF STREET ADDRESS STREET ADDRESS Fanamality, FL32404 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Chance ☐ Addition MLE NAME NAME STREET ADDÁESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this lifing does not qualify for the exemptions contained in Section 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 of 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