


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000124786		
1. Entity Name AMERICA ACCESS BUILDERS, INC.		


Principal Place of Business 1451 NW 13TH AVE POMPANO BEACH, FL 33069	Mailing Address 1451 NW 13TH AVE POMPANO BEACH, FL 33069
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2. Principal Place of Business 1051 HILLSBORO MILE	3. Mailing Address SAME
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Suite, Apt. #, etc. 605E	Suite, Apt. #, etc.
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City & State HILLSBORO BEACH FL	City & State
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Zip 33062	Country USA	Zip	Country
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FILED
07 JAN -5 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100083440941
01/08/07--01002--008 **352.50


01052007 REIN-P CR2E098 (11/05)

4. FEI Number 20-3435643	Applied For Not Applicable
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5. Certificate of Status Desired X	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAIGLE, GARY H 1451 NW 13TH AVE POMPANO BEACH, FL 33069	7. Name and Address of New Registered Agent Name GARY DAIGLE Street Address (P.O. Box Number is Not Acceptable) 1051 HILLSBORO MILE 605E City HILLSBORO BEACH FL 33062
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAIGLE, GARY H 1451 NW 13TH AVE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY DAIGLE 1051 HILLSBORO MILE 605E HILLSBORO BEACH FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KP JAMES SWETON 266 SW. Quail Heights TERRACE LAKE CITY, FL 32025 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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: 	GARY DAIGLE P	1-05-07	954-464-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #