

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90007 045 ***150.00

DOCUMENT # P05000136651 1. Entity Name PRO PIONEER BUILDERS, INC.					
Principal Place of Business 4060 COCONUT BLVD ROYAL PALM BEACH, FL 33411			Mailing Address 4060 COCONUT BLVD ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business (GLADES) Palm Beach County 10 LEMON ST Suite, Apt. #, etc. N/A			3. Mailing Address N/A Suite, Apt. #, etc. N/A		
City & State B.H.R. OKEECHOBEE FL			City & State B.H.R. OKEECHOBEE, FL		
Zip 34974			Zip 34974		
Country U.S.			Country U.S.		
4. FEI Number 20-3641165			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FIZZI, RICK 4060 COCONUT BLVD ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  Director/President 3-16-06 <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	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIZZI, RICK		NAME		
STREET ADDRESS	4060 COCONUT BLVD		STREET ADDRESS		
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  3-16-06 561-629-2547 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					