2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117621

Entity Name: CENTRAL FLORIDA BUILDING CORPORATION, INC.

FILED Apr 30, 2009 Secretary of State

316 PLEASANT ST. 815 MABBETTE ST. KISSIMMEE, FL 34741 SUITE 202

KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

815 MABBETTE ST. 316 PLEASANT ST KISSIMMEE, FL 34741 SUITE 202

KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-5526829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

NOBLE, AMY L NOBLE, AMY L 815 MABBETTTE ST. 316 PLÉASANT ST KISSIMMEE, FL 34741 US SUITE 202 KISSIMMEE, FL 34741 US

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.

SIGNATURE: 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

Title: () Delete Title: (X) Change () Addition

WOLFF, JEFFREY D NOBLE, AMY L Name: Name: 316 PLEASANT ST. 815 MABBETTE ST., SUITE 202 Address: Address: City-St-Zip: KISSIMMEE, FL 34771 City-St-Zip: KISSIMMEE, FL 34771

Title: VT Title: VPD (X) Change () Addition () Delete WOLFF, JEFFREY D Name: NOBLE, AMY L Name: 316 PLEASANT ST. 815 MABBETTE ST., SUITE 202 Address: Address: KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 City-St-Zip:

Title: () Change (X) Addition () Delete Title: STD

Name: PARSONS, RAY Name: 117B BROADWAY Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY L. NOBLE PD 04/30/2009