2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State 05-01-2007 90032 047 ***150.00 DOCUMENT # P06000117793 SUNCOAST BUILDERS OF CENTRAL FLORIDA INC. 40022000 Principal Place of Business Mailing.Address 3255 COMMERCIAL WAY 3255 COMMERCIAL WAY SPRING HILL, FL 34606 SPRING HILL, FL 34606 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1290226 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGGIE, JOHN Street Address (P.O. Box Number is Not Acceptable) 3255 COMMERCIAL WAY SPRING HILL, FL 34606 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition TITLE Change BURICH, MEL NAME 9650 SOUTHERN BELLE DR STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP WEEKI WACHEE, FL 34613 CITY-ST-ZIP VΡ ☐ Delete TITLE Change ☐ Addition PASMORE, JEFF NAME NAME 4545 RACHEL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34607 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SEGGIE, JOHN NAME STREET ADDRESS 3255 COMMERCIAL WAY STREET ADDRESS SPRING HILL, FL 34606 CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusget empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED May 01, 2007 8:00 am