2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066865

GILPIN, DELROY S

WEST PALM BEACH, FL 33409

2090 PALM BEACH LAKES BLVD - SUITE 202

Name:

Address: City-St-Zip:

FILED May 01, 2009 Secretary of State

Entity Name: N.Y.C. BUILDERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2090 PALM BEACH LAKES BLVD - SUITE 202 WEST PALM BEACH, FL 33409 **Current Mailing Address: New Mailing Address:** 2090 PALM BEACH LAKES BLVD - SUITE 202 WEST PALM BEACH, FL 33409 FEI Number: 26-0333387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, ERROL WILSON, ERROL 2090 PALM BEACH LAKES BLVD 1035 STATE ROAD 7 WELLINGTON, FL 33414 US WEST PALM BEACH, FL 33409 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: 05/01/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WILSON, ERROL Name: Name: 2090 PALM BEACH LAKES BLVD. #202 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: PUSEY, ELVIS Name: 2090 PALM BEACH LAKES BLVD. #202 Address: Address: WEST PALM BEACH, FL 33409 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: ERROL WILSON 05/01/2009