

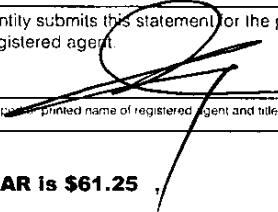
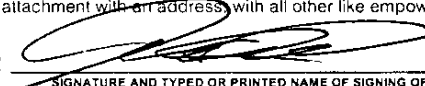


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000123424						<b>FILED</b> 08 JUL 25 PM 1:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Entity Name <b>SALAS CASTLE BUILDERS INC.</b>				Principal Place of Business <b>4102 SUMMERDALE DR. TAMPA, FL 33624 US</b>			
Mailing Address <b>P.O. BOX 340735 TAMPA, FL 33694 US</b>				2. Principal Place of Business - No P.O. Box #			
3. Mailing Address Suite, Apt. #, etc.				City & State			
City & State				4. FEI Number <b>14-2012145</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>SALAS, LUIS A 4102 SUMMERDALE DR. TAMPA, FL 33624</b>				7. Name and Address of New Registered Agent Name <b>Jose S. Ramos</b> Street Address (P.O. Box Number is Not Acceptable) <b>2344 Crestover Lane</b> City <b>Wesley Chapel</b> <b>FL</b> Zip Code <b>33544</b>			
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 				<b>Jose S. Ramos</b> <b>7/22/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <input type="checkbox"/> Delete NAME <b>P</b> STREET ADDRESS <b>SALAS, LUIS A</b> CITY-ST-ZIP <b>4102 SUMMERDALE DR. TAMPA, FL 33624</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100133689061</b> <b>07/29/08--01005--013 **61.25</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>Florida Appraisal Associates, Inc.</b> <b>10549 N. Florida Ave. Suite L</b> <b>Tampa, FL 33612</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete 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: 				<b>Luis A. Salas - Pres.</b> <b>7/22/08</b> <b>813-361-8727</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			