2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P93000048777 MAJESTY BUILDERS, INC. Principal Place of Business Mailing Address 9260 DUNDEE DR./ 9260 DUNDEE DR. LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 CR2E034 (11/05) 04082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0423470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNEEP, JOHN A DO NOT WRITE 9260 DUNDEE DR. LAKE WORTH, FL 33467 IN THIS SPACE 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. DATE 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 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PST TITLE SNEEP, JOHN A NAME STREET ADDRESS 9260 DUNDEE DR. CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE U00000710832 04/25/07-80060-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:)

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John a. Sneep

FILED