2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2007 8:00 am Secretary of State **DOCUMENT # P93000062239** 1. Entity Name 04-04-2007 90178 022 ***158.75 AMSCO BUILDERS, INC. Principal Place of Business Mailing Address 7626 W DR 7626 W DR 40000 WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 US 2. Principal Place of Business - No P.O. Box # 1936 Quail Nollow BIVA 3. Mailing Address Hollow Blud 1936 Oviil Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For 59-3200112 Not Applicable 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 വനസാ SIMMONS, RYAN R Street Address (P.O. Box Number is Not Acceptable) 7626 W DR WESLEY CHAPEL, FL 33544 8. The above named entity submits this stat ment 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 egistered agent. SIGNATURE Signature, yped or printed earne of registered agent and title if application -(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 П Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **DPST** TITLE DPST Change . ☐ Addition Delete RYANR. Simmons 7936 Quail Hollow Blud. Wesley Chapel, FL 33544 SIMMONS, RYAN R NAME NAME 7626 W DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREAT ADDRESS CITY-ST-ZIP CITY/ST-ZIP 12. I hereby certify that the information sypplied 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 of 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 otherwise empowered. SIGNATURE: ED OR PRINTED IN

FILED