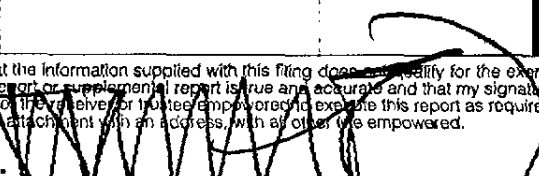


FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000062965 1. Entity Name ARC/MASTERBUILDERS, INC.				Secretary of State	
Principal Place of Business 1126 THOMASVILLE RD TALLAHASSEE, FL 32303-6272		Mailing Address 1126 THOMASVILLE RD TALLAHASSEE, FL 32303-6272			
DO NOT WRITE IN THIS SPACE					
				01312006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-3201479	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMO, WARREN A 1126 THOMASVILLE ROAD TALLAHASSEE, FL 32303-6272				DO NOT WRITE 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		1000000433872 02/24/06-80037-004 158.75	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE	PSTD				
NAME	EMO, WARREN A				
STREET ADDRESS	1126 THOMASVILLE ROAD				
CITY-ST-ZIP	TALLAHASSEE, FL 323036272				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 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 the empowered.					
SIGNATURE: 		31 JANUARY 2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			