2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P94000090539 1. Entity Name ACCURA BUILDERS, INC. Principal Place of Business Mailing Address 4576 N.W. 16TH TERRACE 4576 N.W. 16TH TERRACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0545687 Not Applicable Ζρ Country Zip 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 SHARPE, LARRY Street Address (P.O. Box Number is Not Acceptable) 4576 N.W. 16TH TERRACE FORT LAUDERDALE FL 33309 City Zip Code 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 5 on truto, syped or on hed had nilot roy sterpd upon Land the Till becasie DATE (NOTE: Registered Agent agriculum requirem when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Modition TITLE ☐ Derete TITLE SHARPE, LARRY NAME NAME 4576 N.W. 16TH TERRACE STREET ADDRESS STREET ADDRESS U00000935313 DITY ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIF 05/23/08-80067-n: 150 DE Addition ☐ De ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Change Addition De ete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Change ☐ Addition ☐ Da'ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-31-ZIP CITY-ST-ZIP Change Addition ☐ Derete TITLE THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De-ete Change Addition . MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COLOR TO COLOR

indicated on this report or supplemental report is tric 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.