2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered

FILED Mar 22, 2006 08:00 AN Secretary of State DOCUMENT # P95000011549 1. Entity Name CREECH BUILDING CONSULTANTS, INCORPORATED Principal Place of Business Mailing Address 35005 ROTH LN 35005 ROTH LN DADE CITY FL 33525 DADE CITY FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3292661 Not Applicable Zip Zip Country 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 CREECH, NANCY S Street Address (P.O. Box Number is Not Acceptable) 35005 ROTH LANE DADE CITY FL 33525 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME Delete TITLE ☐ Change Addition U000000476482 NAME CREECH, JOHNNY JOE NAME 04/06/06-80012-013 150.00 STREET ADDRESS 35005 ROTH LANE STREET ADDRESS CITY ST-78 DADE CITY FL 33525 CITY ST-28 TITLE ☐ Delete ☐ Change ☐ Addition NAM CREECH, NANCY S NAME STREET ADDRESS 35005 ROTH LANE STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33525 CITY-ST-ZIP Titler Celete Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-SI-JIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CRY-ST-ZIP CHY-ST-DE 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/19/06