## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000000211

MARLER, SEAN

P O BOX 360035

TAMPA, FL 33673

Name:

Address: City-St-Zip: FILED Apr 27, 2009 Secretary of State

Entity Name: POINT BUILDERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2601 E HENRY STREET **BUILDING A** TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** PO BOX 360035 TAMPA, FL 33673 US FEI Number: 59-3361669 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHAEL, KELLEY F KELLEY, MICHAEL F 2601 E HENRY STREET 2601 E HÉNRY STREET **BUILDING A** BUILDING A TAMPA, FL 33610 US TAMPA, FL 33610 US 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. SIGNATURE: MICHAEL F. KELLEY 04/27/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KELLEY, MICHAEL F Name: Name: P.O. BOX 360035 Address: Address: City-St-Zip: TAMPA, FL 33673 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: CHAPLIN, RICHARD L Name: 1347 VISTA PLACE Address: Address: LAKELAND, FL 33815 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: D () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL F. KELLEY P 04/27/2009