2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007643

Entity Name: R & A BUILDERS, INC.

UZ, LISA ANN

3441 SE HART CIRCLE

PORT ST. LUCIE, FL 34984

Name:

Address:

City-St-Zip:

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2400 S.E. MIDPORT ROAD., #210 **SUITE #206** PORT ST LUCIE, FL 34952 **New Mailing Address: Current Mailing Address:** 2400 S.E. MIDPORT ROAD., #210 **SUITE #206** PORT ST LUCIE, FL 34952 FEI Number: 65-0658653 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: CORSO, ROSE 3445 S.É. HART CL PORT ST LUCIE, FL 34984 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: 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 BROWN, RICHARD S Name: Name: 567 RAYN AVE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: Title: () Change () Addition () Delete Name: CORSO, ROSE Name: 3445 S.E. HART CL Address: Address: PORT ST LUCIE, FL 34984 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA ANN UZ VP 01/24/2005