

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90049 047 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                         |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000067197</b><br>1. Entity Name<br><b>D.G. BUILDERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                         |                                                                   |  |
| Principal Place of Business<br><b>1227 S PATRICK DR<br/>100<br/>SATELLITE BEACH, FL 32937 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                     | Mailing Address<br><b>PO BOX 372454<br/>SAT BEACH, FL 32927 US</b>                                                                                                                                                      |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                       |                                                                                                                                                                                                                         |                                                                   |  |
| City & State<br><br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      | City & State<br><br>Zip Country                                                                                     |                                                                                                                                                                                                                         | 4. FEI Number<br><b>59-3394277</b>                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOSS, JOEL S<br/>47 W NEW HAVEN AVENUE<br/>SUITE 200<br/>MELBOURNE, FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>DANIEL L. GREEN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>110 MARTESIA WAY</b><br>City <b>INDIAN HARBOR BEACH FL</b> Zip Code <b>32937</b> |                                                                   |  |
| 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.<br>SIGNATURE <b>DANIEL L. GREEN PRES.</b> DATE <b>2-12-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                     |                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                         |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                         |                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                            |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>GREEN, DANIEL L<br/>110 MARTESIA WAY<br/>I.H. BEACH, FL</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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 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. |                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                         |                                                                   |  |
| SIGNATURE: <b>DANIEL L. GREEN</b> DATE <b>2-12-07</b> DAYTIME PHONE # <b>321-777-5086</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                     |                                                                                                                                                                                                                         |                                                                   |  |