

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PA6000075114</b>			
1. Corporation Name <b>HELP-YOU-BUILD OWNER/BUILDER SERVICES INC.</b>			
Principal Place of Business <b>1385 HWY A1A #101 SATELLITE BEACH FL 32937 BREVARD CO.</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business 21 <b>BREVARD CO. FLORIDA</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.	
22 City & State 23 <b>SATELLITE BEACH FL</b>		27 City & State 28 <b>" "</b>	
24 <b>32937</b> 25 <b>BREVARD</b>		29 <b>" "</b> 30 <b>" "</b>	
9. Name and Address of Current Registered Agent <b>STEVEN G ANDERSON 407 HWY A1A #401 SATELLITE BEACH FL 32937</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <b>Steven G Anderson</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	<b>PRES, SEC</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>LINDA K. REEL</b>		
STREET ADDRESS	<b>407 HWY A1A #401</b>		
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>		
TITLE	<b>V. PRES</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>DAVID W. GRAY</b>		
STREET ADDRESS	<b>RT 16 BOX 8050</b>		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
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TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

FILED  
99 FEB 15 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>9-10-96</b>	
4. FEI Number <b>59-3536727</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name <b>STEVEN G ANDERSON</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1385 HWY A1A #101</b>	
83 City <b>SATELLITE BEACH</b>	
84 State <b>FL</b>	85 Zip Code <b>32937</b>
DATE <b>2-15-99</b>	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>PRE, SEC V. PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>STEVEN G ANDERSON</b>	
13 STREET ADDRESS <b>1385 HWY A1A #101</b>	
14 CITY-ST-ZIP <b>SATELLITE BEACH FL 32937</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, the recorder or the clerk empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked or in an attachment with an officer or director or other person empowered.

SIGNATURE: **Linda K. Reel** Feb 15-1999  
Feb. 15, 1999  
SAME  
(407) 956-7191

CR2E034 (11/98)