2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P96000084965 1. Entity Name MAURO LAGRASTA CUSTOM BUILDERS, INC. Principal Place of Business Mailing Address 246 BAYVIEW AVE 246 BAYVIEW AVE. NAPLES FL 34108 NAPLES FL 34108 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 65-0753739 Not Applicate Country Zio Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAGRASTA, MAURO Street Address (P.O. Box Number is Not Acceptable) 246 BAYVIEW AVE. NAPLES FL 34108 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 tito it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TOTLE Ehange U00000416404 NAME LAGRASTA, MAURO NAME 02/13/06-80015-005 150.00 STREET ADURESS 246 BAYVIEW AVE. STREET ADORESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE ☐ Defete TEFLE ☐ Change D Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST-ZIP THILE Delete 5110.5 Change Adding. NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CATY-ST-7IP TITLE Delete THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Hitt ☐ Change T Adding NAME MARKE STREET ADDRESS STREET ADDRESS CATY-SI-ZIP C)TY - ST - 21P TITLE Defete THE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 risk empowered.

SIGNATURE:

| 1 | 28 | 06 | 639) 835 - 068:

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