


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000104498		
1. Entity Name 5 STAR BUILDERS INC OF W.P.B.		

Principal Place of Business 14615 PALM BEACH POINT BLVD WELLINGTON, FL 33414	Mailing Address 14615 PALM BEACH POINT BLVD WELLINGTON, FL 33414
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent ISBELL, GREG 14615 PALM BEACH POINT BLVD WELLINGTON, FL 33414	
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FILED
06 MAR 29 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03272006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0716124

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name JAMES T WILLIAMSON	Applied For Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 14615 PALM BEACH POINT BLVD	
City WELLINGTON	Zip Code 33414

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: JAMES T WILLIAMSON VICE PRESIDENT DATE: 3-26-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR F BEYER 14615 PALM BEACH POINT BLVD WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMSON, JAMES T 14615 PALM BEACH POINT BLVD WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100072740861 04/28/06--01033--015 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISBELL, GREG 14615 PALM BEACH POINT BLVD WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent JAMES T. Williamson 14615 Palm Beach Point Blvd. Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: JAMES T WILLIAMSON DATE: 3-27-06 DAYTIME PHONE #: 561-795-1282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR