2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043618

PEARSON, PAUL

3614 PROMENADE WAY

FT PIERCE, FL 34982

FT PIERCE, FL 34982

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Mar 04, 2004 Secretary of State

Entity Name: BUILDING THREE CORP. **Current Principal Place of Business: New Principal Place of Business:** 3614 PROMENADE WAY FT PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** 3614 PROMENADE WAY FT PIERCE, FL 34982 FEI Number: 65-0864803 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: PEARSON, KAREN 3614 PROMENADE WAY FT PIERCE, FL 34982 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: (X) Change () Addition ENGLERT, FRANK PEARSON, KEITH Name: Name: 3343 SOUTH U.S. #1 3343 SOUTH U.S. #1 Address: Address: City-St-Zip: FT PIERCE, FL 34982 City-St-Zip: FT PIERCE, FL 34982 Title: SD Title: SD () Delete (X) Change () Addition Name: ENGLERT, JILL Name: PEARSON, KAREN 3343 SOUTH U.S. #1 3343 SOUTH U.S. #1 Address: Address: FT PIERCE, FL 34982 FT PIERCE, FL 34982 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition

Title: TD () Delete Title: () Change () Addition Name: PEARSON, KAREN Name: Address: 3614 PROMENADE WAY Address:

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:

City-St-Zip:

SIGNATURE: KAREN PEARSON TD 03/04/2004