


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000086889 1. Entity Name NIAGARA BUILDERS INC.	
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Principal Place of Business 5889 S WILLIAMSON BLVD SUITE 208 PORT ORANGE, FL 32128	Mailing Address 1885 SPRUCE CREEK BLVD E. PORT ORANGE, FL 32128
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3544865	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IAMARINO, SAVATORE
1885 SPRUCE CREEK BLVD E.
PORT ORANGE, FL 32128

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOSE, TOM 5889 S WILLIAMSON BLVD, SUITE 208 PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IAMARINO, SALVATORE 1885 SPRUCE CREEK BLVD E. PORT ORANGE, FL 32128
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IN THIS SPACE**

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: SALVATORE IAMARINO 1/7/07 (386) 4058308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #