2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90466 003 ***150.00 DOCUMENT # P98000101094 BUILDER'S MARKETING GROUP, INC. 54041448 Principal Place of Business Mailing Address 3234 SOUTH TAMIAMI TRAIL 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236 SARASOTA, FL 34239 2. Principal Place of Business 3. Mailing Address 7717 HOLIDAY DRIVE Suite, Apl. #, etc. Suite, Apt. #, etc. 03232004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State SARASOTA, 59-3547499 FLNot Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 4231-5313 Fee Required - - 8.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES. EDSEL, EDWARD E Street Address (P.O. Box Number is Not Acceptable) 3234 SOUTH TAMIAMI TRAIL 46 N. WASHINGTON BLVD. SARASOTA, FL 34239 SUITE 1. City SARASOTA Zip Code 34236 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. 0 and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FOR. Its President** DATE Patterson, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Afger May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D,P,T TITI F ☐ Delete TITLE Change XXAddition EDSEL, EDWARD 7717 HOLIDAY DRIVE EDSEL, EDWARD E NAME STREET ADDRESS 3234 SOUTH TAMIAMI TRAIL STREET ADDRESS SARASOTA, FL 34231-5313 SARASOTA, FL 34239 CITY-ST-ZIP CITY - ST - ZIP TITLE D,VP ☐ Delete TITLE D,V,S ☐ Change ★★Addition EDSEL, JOAN NAME NAME EDSEL, JOAN 7717 HOLIDAY DRIVE STREET ADDRESS 3234 SOUTH TAMIAMI TRAIL STREET ADDRESS SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231-5313 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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. (941)929-9029 SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OF EDSEL. President OFFICER OR DIRECTOR Date Daytime Phone

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