## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111105  1. Entity Name OCI BUILDERS INC								: Line line line				
OCI BUILDERS INC								06 MAR 22 AM II: 31				
Principal Place of Business 1335 S.E. 12TH TERRACE CAPE CORAL, FL 33990				Mailing Address 1335 S.E. 12TH TERRACE CAPE CORAL, FL 33990				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
CAL COINE, IL 33330												
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03222006	Chg-P	CR2E0	34 (11/05)		
City & State				City & State				4. FEI Number         Applied For           65-0982280         Not Applicable				
Zip	ip Country			Zip Coun		ntry	5. Certificate	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name					
PRICKETT, FAYE  1335 S.E. 12TH TERRACE  CARE CORAL EL 23200						Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
CAPE CORAL, FL 33990												
The above named entity submits this statement for the purpose of changing its registers.						City	<b>FL</b>					
	named entiti ions of regis		nt for the p	purpose of changing its	register	ed office or reg	istered agent, or be	oth, in the State of Fi	orida. Lam f	amiliar with,	and accept	
SIGNATURE_	Signature, typed	or printed name of registered a	gent and title	if applicable. (NOT	E: Registere	ed Agent signature re	quired when reinstating)		DATE			
		FEE IS \$150.00 6 Fee will be \$55	50.00	9. Election Campa Trust Fund Cont			\$5.00 May Be Added to Fees					
10.	Р	OFFICERS A	ND DIRE	CTORS Delete	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS  Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	ONORATO, SILVERIO 1335 S.E. 12TH TERRACE									спанус		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						- 1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TITLI NAM STRE					<b>I</b>	- a 3 mar 1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		· i				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	Addition	
indicated of the cor	on this repo poration or t	rt or supplemental repe he receiver or trustee o	ort is true empowere	filing does not qualify for and accurate and that red to execute this report all other like empowered	my signa as requ	ture shall have	the same legal effor r 607, Florida Statul	ect as if made under les; and that my nar	oath, that ! a ne appears i	am an officer n Block 10 o	or director r Block 11 if	
SIGNATURE: MG/CG  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									2006	2398	198 8BS	
!		SIGNATURE AND TYPED	UK PKINTE	U MAME UF SIGNING UPFICER	UK DIKEC	IUR		∪ate.	U	аушти: г <b>попе #</b>		