2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

Daytena Phone #

1. Britis Nam BERMUD	A BUILDERS, INC.				Secreta	iry of State
Principal Place of Business Mailing Address 922 BRACK STREET 922 BRACK STREET KISSIMMEE, FL 34744 US KISSIMMEE, FL 34744 US					I) Be idi dise habi bido sai	I DARRA RIBAK RIBAK RARA BURKA RIBAKRAR AK KREA
DO NOT WRITE IN THIS SPACE				01202005 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For		
			59-3028773 Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				<u></u>		
WILEY JONES E. 1809 W VIRGINIA AVE KISSIMMEE, FL 34744			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						
Signature, typood or printed herre of registered agent and trie if applicable. (NOTE Registered Agent eigheture required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				i.00 May Be ded to Fees		
10. HILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT JONES, WILEY E 1809 W VIRGINIA AVE KISSIMMEE, FL 34744	CTORS				
THE NAME STREET ADDRESS				۸ ,	ປະຕິຕິກຳຕິຕ	1486363
CITY-ST-ZIP TITLE NAME					04/13/06)486363 -80033-020 150.00
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-2IP					THIS SF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_					
isile Name Street address City-St-Zip						
12. Thereby certify that the information supplied with this filling 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 cath, 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 fixe empowered.						

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR