2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # \$690° BUILDERS, INC.	76							04-16-200	-	028 ***150	.00
Principal Plac	ce of Business	М	ailing Address		<u> </u>							
601 LAKE D Tavares, Fl			601 LAKE DORA DR. FAVARES, FL 32778	US			•					
Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04122	007	Chg-P	CR2	E034 (12/06)	
City & State			City & State				4. FEIN 59-	lumber 30823	323		 	oplied For ot Applicable
Zip Country			Zip Coun			5. Certific			ste of Status Desired S8.75 Additional Fee Required			
	6. Name and Address	of Current Regis	stered Agent				7. Nam	e and A	ddress of Ne	w Register	ed Agent	
	DER, KEVIN				Name		<u> </u>					
3016 LAKE WOODWARD DRIVE EUSTIS, FL 32726					Street Address (P.O. Box Number is Not Acceptable)							
					601	La	ke	Dor	a Dri		1 7:- C	
					City To	avai	res			F	L Zip Coo	<u> 2778</u>
	e named entity submits this s tions of registered agent.	statement for the p	ourpose of changing its	register	ed office or	registered	d agent,	or both,	in the State o	f Florida. 1 a	am familiar with,	and accept
SIGNATURE.				. D								
	Signature, typed or printed name of re	egistered agent and title	if applicable. (NOTE	:: Hegislere	d Agent signatur	re required wi	hen reinstat	ng)_		ĐAT	Ε.,	
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r nereby ceruly 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:

Kevin N. Burkholder 04/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date