2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # P04000104263 1. Entity Name P3 BUILDERS INC.					03-13-2006 90086 032 ***150.00				
Principal Place	e of Business	Mailing Address							
Principal Place of Business 22435 NW 188TH ST HIGH SPRINGS, FL 32643		22435 NW 188TH ST HIGH SPRINGS, FŁ 32643			50002393				
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072006	Chg-P	CR2E034 (1	1/05)		
City & State		City & State		4, FEI Number 55-0870				plied For t Applicable	
Zip Country		Zip	Country			f Status Desired		5 Add	itional
	6 Name and Address of Current	Pegistered Agent				Address of New R	Fee F	Require	1
6. Name and Address of Current Registered Agent				Name	r. Name and r	COURSE OF HEW IN	radiates en where		
SHIVER, SHERYL · 22435 NW 188TH ST. · HIGH SPRINGS, FL 32643				Street Address (P.O. Box Number is Not Acceptable)					
HIGH SEN	11100, FL 32043		i						
≥ 18				City			FL Z	ip Code	-
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flo	orida. I am familia	r with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signature required	I when reinstating)	***	DATE		
	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		ncing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF			S IN 11
TITLE	P ENIVER ED	☐ Delete	TITLE	t t				ihange	Addition
NAME Street Address	SHIVER, ED 22435 NW 188TH ST		NAME STRE	ET ADDRESS	1	• •			.1.
CITY-ST-ZIP	HIGH SPRINGS, FL 32643		1	-ST-ZIP					
Title	vP	☐ Detete	TITLE			<u> </u>		hange	Addition
NAME	Virgil Bouglas	i e	NAM	į.					٠.
STREET ADDRESS CITY-ST-ZIP	205 NW 10th	5T . 32643		ET ADDRESS -ST-ZIP					
TITLE	HYSK SPRINGS FE	Delete	TITLE		·· ·· ·· · · · · · · · · · · · · · · ·		По	hange	☐ Addition
NAME		L Deigle	NALA					iga	Nootion
STREET ADDRESS		•		ET ADDRESS			·		
CITY-ST-ZIP				-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE			TITLE					hange	☐ Addition
NAME	,	☐ Delete							
NAME STREET ADDRESS	·	L.F. Delete	NAMI	E Et address					
		□ Delete	NAMI STRE	4					_ <u></u>
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	NAMI STRE CITY TITLE	ET ADDRESS - ST-ZIP				Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE			NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS - ST-ZIP	<u> </u>		<u> </u>	Change	Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR