2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 31, 2006 08:00 AM DOCUMENT # P99000025729 **Secretary of State** I-95 CUSTOM HOME BUILDERS, INC. Principal Place of Business Mailing Address 10321 WEST ATLANTIC AVENUE 10321 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 No Chg-P CR2E034 (11/05) 01192006 DO NOT WRITE IN THIS SPACE Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROGER, FINA DO NOT WRITE 10321 W ATLANTIC AVE DELRAY BEACH, FL 33446 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, typed or printed name of registored agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME FINA, ROGER 10321 WEST ATLANTIC AVENUE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE U00000408031 02/08/06-80045-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied will 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 eport 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ **/20/06**

153-2797 Daytura Phono #