

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000456

FILED
Apr 11, 2008
Secretary of State

Entity Name: CONSTRUCTION FORMS, INC.

Current Principal Place of Business:

777 MARITIME DRIVE
PORT WASHINGTON, WI 530740308

New Principal Place of Business:

Current Mailing Address:

PO BOX 308
PORT WASHINGTON, WI 530740308

New Mailing Address:

FEI Number: 39-1104344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, DEAN
1060 WINDING WATER CIRCLE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KASTELIC, ALAN J
Address: 777 MARITIME DRIVE
City-St-Zip: PORT WASHINGTON, WI

Title: CAT () Delete
Name: FINNERAN, WILLIAM B
Address: 888 SEVENTH AVENUE, 40TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: SCOTT, WILLIAM C
Address: 445 PARK AVENUE SUITE 1905
City-St-Zip: NEW YORK, NY 10022

Title: CFO () Delete
Name: SKAAR, GREGORY L
Address: 777 MARITIME DR
City-St-Zip: PORT WASHINGTON, WI 53074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY L SKAAR

CFO

04/11/2008

Electronic Signature of Signing Officer or Director

_____ Date