


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # F99000000304
1. Entity Name
**UNIVERSAL FOREST PRODUCTS EASTERN DIVISION,
INC.**



Principal Place of Business Mailing Address
2801 E. BELTLINE, NE **2801 E. BELTLINE, NE**
GRAND RAPIDS, MI 49525 **GRAND RAPIDS, MI 49525**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
23-2864976 **Not Applicable**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WHITE, STEVE
105 PROGRESS RD.
AUBURNDALE, FL 33823

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000544910
05/11/06-80052-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREENE, C SCOTT
STREET ADDRESS	5200 HWY. 138
CITY-ST-ZIP	UNION CITY, GA 30291
TITLE	SD
NAME	MISSAD, MATTHEW J
STREET ADDRESS	2801 E. BELTLINE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	T
NAME	COLE, MICHAEL R
STREET ADDRESS	2801 E. BELTLINE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify 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: Michael R. Cole **Michael R. Cole** 4/24/06 616-364-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #