


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # M39209**  
 1. Entity Name  
**BUILDING TRADES ASSOCIATION, INC.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 SEP 20 PM 1:47

Principal Place of Business 1181 S ROGERS CR SUITE 1 BOCA RATON, FL 33487 US	Mailing Address 1181 S ROGERS CR SUITE 1 BOCA RATON, FL 33487 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07142006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 59-2735490	Applied For Not Applicable
Zip	Country	Zip	Country

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

**6. Name and Address of Current Registered Agent**  
 OLECK, RICHARD  
 20774 PINAR TRAIL  
 BOCA RATON, FL 33433

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

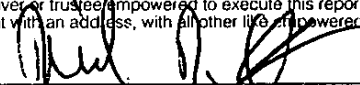
**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLECK, RICHARD 1181 S ROGERS CIRCLE #1 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/VP/S/T Oleck, Richard 1181 S Rogers Circle #1 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OLECK, HARVEY 1181 S ROGERS CIRCLE #1 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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500080269035  
 09/28/06--01049--019 \*\*\$61.25

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 information.

SIGNATURE:  9-8-06 561-241-0513 x1364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #