

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90224 032 \*\*\*150.00

**DOCUMENT #** *PO6-000032557*

1. Entity Name  
APPLIED BUILDING TECHNOLOGIES OF FLORIDA, INC.

**DO NOT WRITE IN THIS SPACE**

**40095769**

2. Principal Place of Business  
1060 HOLLAND, SUITE C  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FL

City & State

4. FEI Number  
20-4413284

Applied For  
 Not Applicable

Zip  
*33487*

Country

Zip  
*33487*

Country

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

**DO NOT WRITE  
IN THIS SPACE**

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

January 1, May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRISTINA ST. GERMAIN 15606 PLEASANT ALLEN PARK, MI 48101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN DAVID ST GERMAIN 15606 PLEASANT ALLEN PARK, MI 48101
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowers.

SIGNATURE: *Christina St. Germain* Date: *4/28/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *(800) 251-5136*