


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000013687 1. Entity Name LAKE WALES BUILDING TRADES CENTER, INC.	
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Principal Place of Business 107 W. ORANGE AVENUE LAKE WALES FL 33853	Mailing Address 107 W. ORANGE AVENUE LAKE WALES FL 33853
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-3360334	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCOLLOUGH, BOBBY G 5154 VALENCIA ST. LAKE WALES FL 33898	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 in full with title if applicable) (NOTE: Registered Agent registration required when changing) (NOTE: Registered Agent registration required when changing)

FILE NOW!!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD MCCOLLOUGH, BOBBY G	<input type="checkbox"/>
NAME	5154 VALENCIA ST.	
STREET ADDRESS	LAKE WALES FL 33898	
CITY-ST-ZIP		
TITLE	ST BOWEN, BETTY	<input type="checkbox"/>
NAME	2437 FOREST DR.	
STREET ADDRESS	LAKE WALES FL 33898	
CITY-ST-ZIP		
TITLE	VPD MCCOLLOUGH, THEREAS C	<input type="checkbox"/>
NAME	5154 VALENCIA ST.	
STREET ADDRESS	LAKE WALES FL 33898	
CITY-ST-ZIP		
TITLE	VPD KARG, PAUL	<input type="checkbox"/>
NAME	40 ALDO RD	
STREET ADDRESS	BABSON PARK FL 33857	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000805908	<input type="checkbox"/>	<input type="checkbox"/>
NAME	02/06/08-80020-021 158.75		
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employed.

SIGNATURE: *Bobby G McCollough* 1/28/08 863-676-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #