2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 260425

FILED Apr 24, 2006 Secretary of State

Entity Name: W & W LUMBER & BUILDING SUPPLIES INC

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	/ WARFIELD B	LVD			
P.O. BOX INDIANTO	1 DWN, FL 34956	37001			
	/lailing Addres		New Mailing Addre	ess:	
16500 SW	/ WARFIELD B	LVD			
P.O. BOX INDIANTO	1 DWN, FL 34956	67001			
	r: 59-0994064	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
		arrent Registered Agent.	Maine and Address	or new registered Agent.	
	IS / PALOMINO S DWN, FL 34956				
	e named entity see of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
0	o or riorida.				
SIGNATU					
	RE:	ic Signature of Registered Ag	ent	Date	
SIGNATU	RE:Electron	ic Signature of Registered Ago Trust Fund Contribution().	ent	Date	
SIGNATU	RE:Electron	3 Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTO	
SIGNATU	RE: Electron mpaign Financing S AND DIREC	TORS: Delete N R VP OMINO ST			
Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electron mpaign Financing S AND DIREC VD () GILLIAM, ALLE 15950 SW PAL INDIANTOWN, I	TORS: Delete N R VP OMINO ST FL 34956 US Delete RES OMINO ST	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTO	
SIGNATU Election Ca OFFICER Title: Name: Address:	RE: Electron mpaign Financing S AND DIREC VD () GILLIAM, ALLE 15950 SW PAL INDIANTOWN, I PD () WALL, IRIS PF 16500 SW PAL INDIANTOWN, I TD ()	TORS: Delete N R VP OMINO ST FL 34956 US Delete RES OMINO ST FL 34956 US Delete RES OMINO ST FL 34956 US Delete TERRY TREAS OMINO ST	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTO	

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN W LAWRENCE S 04/24/2006