2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 325898

Entity Name: BLACK BUILDING INC

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

121 WEST PLANT STREET 37 N. BOYD STREET

P.O. BOX 771583 WINTER GARDEN, FL 34787142 US

Current Mailing Address: New Mailing Address:

121 WEST PLANT STREET PO BOX 771583

PO BOX 771583 WINTER GARDEN, FL 34777 US

WINTER GARDEN, FL 347873142 US

FEI Number: 59-1211749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPPLEMAN L E CAPPLEMAN, LAWRENCE E 121 WEST PLANT STREET 37 N BOYD ST

WINTER GARDEN, FL 34787 US WINTER GARDEN, FL 34787 US

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.

SIGNATURE: L. E. CAPPLEMAN 01/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition Name: LADAGE, ANTOINETTE Name: LADAGE, ANTOINETTE

 Name:
 LADAGE, ANTOINETTE
 Name:
 LADAGE, ANTOINETTE

 Address:
 121 WEST PLANT STREET
 Address:
 37 N. BOYD ST

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 CAPPLEMAN, L. E.
 Name:
 CAPPLEMAN, L. E.

 Address:
 121 WEST PLANT ST.
 Address:
 37 N. BOYD ST

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete Title: D (X) Change () Addition Name: FOSTER, LEIGH Name: FOSTER, LEIGH

Address: 121 WEST PLANT ST. Address: 37 N. BOYD ST

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

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: L. E. CAPPLEMAN PRES 01/22/2007