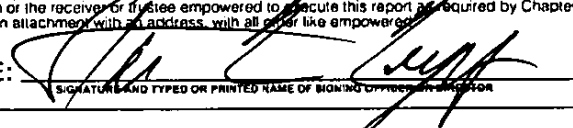


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-01-2008 90231 033 ***150.00

DOCUMENT # 674676			
1. Entity Name ATLANTIC BUILDING MATERIALS, INC.			
Principal Place of Business 945 WAGNER PLACE FORT PIERCE, FL 34982		Mailing Address 702 56TH ST FORT PIERCE, FL 34950	
2. Principal Place of Business - No P.O. Box # 315 Ave A		3. Mailing Address PO Box 3688	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft Pierce FL		City & State Ft Pierce FL	
Zip 34950	Country USA	Zip 34948	Country USA
4. FEI Number 59-2012496		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRIPPEN, STANDISH C 945 WAGNER PL BOX 2110 FT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16 Castle St City Ft Pierce FL Zip Code 34949	
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 re-issuing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PT CRIPPEN, STANDISH C 945 WAGNER PLACE FT PIERCE, FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Standish Crippen 315 Ave A Ft Pierce, FL 34950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, DONALD J 945 WAGNER PLACE FT PIERCE, FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Scott Crippen 315 Ave A Ft Pierce, FL 34950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENTI, CATHERINE M 945 WAGNER PLACE FT PIERCE, FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Glynda Cavalcanti 315 Ave A Ft Pierce, FL 34950 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 if I am 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 empowered.			
SIGNATURE: 		Date: 5-22-08 Daytime Phone: _____	