2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717476

FILED Jan 05, 2007 Secretary of State

Entity Name: BUILDING INDUSTRY ASSOCIATION OF OKALOOSA-WALTON COUNTIES, INC.

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

1980 LEWIS TURNER BLVD FORT WALTON BEACH, FL 325471217

Current Mailing Address: New Mailing Address:

1980 LEWIS TURNER BLVD FORT WALTON BEACH, FL 325471217

FEI Number: 59-1900233 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:

1980 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WYATT, DEREK DIXON, STEVE Name: Name: 786 NORTH BEAL PARK OFFICE, SUITE 1-B Address: PO BOX 6697 Address: City-St-Zip: FORT WALTON BEACH, FL 32547 US City-St-Zip: DESTIN, FL 32550 US

Title: Title: () Delete (X) Change () Addition DIXON, STEVE Name: JERI, TOOLAN Name:

Address: PO BOX 6697 Address: PO BOX 507 City-St-Zip: DESTIN, FL 32550 US City-St-Zip: CRESTVIEW, FL 32536 US

Title: () Delete Title:

(X) Change () Addition TOOLAN, JERI JOSEY, MIKE Name: Name:

1132 NORTH FERDON BLVD. Address: PO BOX 507 Address:

City-St-Zip: CRESTVIEW, FL 32536 US City-St-Zip: CRESTVIEW, FL 32536 US

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

Name: MOORE, DEBBIE Name: MUELLER, DAN Address: PO BOX 548 Address: 96 SAND DUNES ROAD

City-St-Zip: VALPARAISO, FL 32580 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: () Delete Title: (X) Change () Addition GREER, HAL

GREER, HAL L Name: Name:

1980 LEWIS TURNER BLVD. 1980 LEWIS TURNER BLVD. Address: Address:

FORT WALTON BEACH, FL 32547 US City-St-Zip: City-St-Zip: FORT WALTON BEACH, FL 32547 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI WILLIAMS OM01/05/2007