

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815272

FILED
Apr 06, 2009
Secretary of State

Entity Name: BORAL BRICKS, INC.

Current Principal Place of Business:

1630 ARTHURN RD
AUGUSTA, GA 30901 US

New Principal Place of Business:

Current Mailing Address:

200 MANSELL COURT EAST
STE 310
ROSWELL, GA 30076

New Mailing Address:

FEI Number: 58-0349750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CANNON, C JR
Address: 200 MANSELL CT EAST STE 305
City-St-Zip: ROSWELL, GA 30076

Title: V () Delete
Name: GIBBS, L
Address: 200 MANSELL CT EAST STE 305
City-St-Zip: ROSWELL, GA 30076

Title: VD () Delete
Name: SMITH, JEFF H
Address: 200 MANSELL COURT EAST, STE. 310
City-St-Zip: ROSWELL, GA 30076

Title: V () Delete
Name: BROWN, RALPH
Address: 1630 ARTHURN RD
City-St-Zip: AUGUSTA, GA 30901

Title: SVD () Delete
Name: MCLEAN, ERNEST
Address: 200 MANSELL COURT EAST, STE. 310
City-St-Zip: ROSWELL, GA 30076

Title: PD () Delete
Name: KEPFORD, ROBERT
Address: 200 MANSELL COURT EAST, STE. 310
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SAMPLES, PAUL
Address: 200 MANSELL CT EAST STE 305
City-St-Zip: ROSWELL, GA 30076

Title: V (X) Change () Addition
Name: BROWN, RALPH
Address: 1630 ARTHURN RD
City-St-Zip: AUGUSTA, GA 30901

Title: AT (X) Change () Addition
Name: TURNER, LYNN
Address: 200 MANSELL COURT EAST, STE. 310
City-St-Zip: ROSWELL, GA 30076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LYNN TURNER

AT

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date