


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 824606 1. Entity Name LEMAY BUILDING CORPORATION	
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Principal Place of Business 1830 CRAIG PARK COURT 101 ST. LOUIS, MO 63146 US	Mailing Address 1830 CRAIG PARK COURT 101 ST. LOUIS, MO 63146 US
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-6036042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, WILLIAM
 449 IXONA CIRCLE
 RIDGEWOOD, MHP
 VENICE, FL 34275

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000139244
 04/29/04-80114-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RENNER, LINDA 1830 CRAIG PARK COURT ST LOUIS, MO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, KAROLE R 9 VOUGA ESTATE FRONTENAC, MO 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEN, THOMAS R 9 VOUGA ESTATE FRONTENAC, MO 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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: Erpa A. Harris 04/23/2004 (314) 878-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #