2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849181

Entity Name: ALLIED BUILDING CRAFTS, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9600 W BRYN MAWR P O BOX 728

ROSEMONT, IL 600180728 SUITE 600 ROSEMONT, IL 60018

Current Mailing Address: New Mailing Address:

9600 W BRYN MAWR P O BOX 728

SUITE 600 ROSEMONT, IL 600180728 ROSEMONT, IL 60018

FEI Number: 36-3042983 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:

REISMAN, STEPHEN H 1 S.E. 3RD AVENUE **SUITE 3050** MIAMI, FL 33131 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DEMOS, JAMES T. Name: Name: MARTIN, RICHARD

9600 W BRYN MAWR SUITE 600 9525 W BRYN MAWR AVE STE 900 Address: Address:

City-St-Zip: ROSEMONT, IL 60018 City-St-Zip: ROSEMONT, IL 60018

Title: Title: AS (X) Change () Addition () Delete GOLDTEIN, GAIL, Name: Name: SPREEMAN, LINDA

1111 CROFTON 9525 W BRYN MAWR AVE STE 900 Address: Address:

HIGHLAND PARK, IL 60035 ROSEMONT, IL 60018 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition AS AS BRADY, PATRICIA BRADY, PATRICIA Name: Name:

9600 W BRYN MAWR SUITE 600 9525 W BRYN MAWR SUITE 900 Address: Address:

City-St-Zip: ROSEMONT, IL 60018 City-St-Zip: ROSEMONT, IL 60018

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

MARTIN, RICHARD JR Name: 25175 JEFFERSON AVE Address: MURRIETA, CA 92563 City-St-Zip:

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: PATRICIA BRADY AS 04/21/2006