

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002663

FILED
May 03, 2006
Secretary of State

Entity Name: THORPE BUILDING SERVICES, INC.

Current Principal Place of Business:

400 GALLERIA PARKWAY
SUITE 470
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

400 GALLERIA PARKWAY
SUITE 470
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 58-1561049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARNELL, DAVID
1800 PEMBROOK DR, SUITE 300
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

FARRELL, DAVID
1800 PEMBROOK DR, SUITE 300
ORLANDO, FL 32810 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: DAVID FARRELL

05/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: THORPE, SARAH B
Address: 400 GALLERIA PARKWAY SUITE 470
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: THORPE, CARY B
Address: 400 GALLERIA PARKWAY SUITE 470
City-St-Zip: ATLANTA, GA 30339

Title: PRES () Delete
Name: THORPE, WILLIAM B
Address: 400 GALLERIA PARKWAY SUITE 470
City-St-Zip: ATLANTA, GA 30339

Title: S () Delete
Name: WILLIAMSON, CATHERINE T
Address: 400 GALLERIA PARKWAY SUITE 470
City-St-Zip: ATLANTA, GA 30339

Title: T () Delete
Name: THORPE, GEORGE W JR
Address: 400 GALLERIA PARKWAY SUITE 470
City-St-Zip: ATLANTA, GA 30339

Title: CFO () Delete
Name: LOTT, MELODY
Address: 400 GALLERIA PARKWAY SUITE 470
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MELODY LOTT

CFO

05/03/2006

Electronic Signature of Signing Officer or Director

Date