2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002663

Entity Name: THORPE BUILDING SERVICES, INC.

FILED Mar 19, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
|--|-------------------------|------------------------------------|--|---|-----------------------------------|--|
| 400 GALLE SUITE 470 ATLANTA, (| RIA PARKWA` GA 30339 | Y | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| 400 GALLE SUITE 470 ATLANTA, | RIA PARKWA` GA 30339 | Y | | | | |
| FEI Number: | 58-1561049 | FEI Number Applied For () FEI Num | nber Not Appli | cable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Na | | | | 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: | | | | | | |
| | Electroni | c Signature of Registered Agent | | | Date | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | THORPE, SARAH | PARKWAY SUITE 470 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | THORPE, CARY | PARKWAY SUITE 470 | Title: Name: Address: City-St-Zip: | THORPE, CARY | PARKWAY SUITE 470 | |
| Title: Name: Address: City-St-Zip: | THORPE, WILLI | PARKWAY SUITE 470 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | WILLIAMSON, C | PARKWAY SUITE 470 | Title: Name: Address: City-St-Zip: | WILLIAMSON, | PARKWAY SUITE 470 | |
| Title: Name: Address: City-St-Zip: | THORPE, GEOR | PARKWAY SUITE 470 | Title: Name: Address: City-St-Zip: | THORPE, GEO | PARKWAY SUITE 470 | |
| Title: Name: Address: City-St-Zip: | LOTT, MELODY | Delete PARKWAY SUITE470 0339 | Title: Name: Address: City-St-Zip: | () | Change () Addition | |

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 03/19/2007