## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000003976

Entity Name: CSDI CONSTRUCTION, INCORPORATED

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6353 SUPF BOISE, ID						
Current Mailing Address:			New Maili	New Mailing Address:		
6353 SUPPLY WAY BOISE, ID 83716						
FEI Number:	82-0438912	FEI Number Applied For ( ) FEI N	umber Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
	named entity of Florida.	submits this statement for the purpose	of changing i	ts registered office or registered agent, or both,		
SIGNATURE:						
	Electro	onic Signature of Registered Agent		Date		
Election Can	npaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FELDMANN,	PARK AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D ( SHAFFER, GI 2715 POLK CALDWELL,		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition LANGAN, JEFFREY PO BOX 1824 BOISE, ID 83701		
Title: Name: Address: City-St-Zip:	QUINTIERI, A	EN TOWER DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SHNEIDER, JEFFREU A 922 E CURLING LANE BOISE, ID 83702		
Title: Name: Address: City-St-Zip:	V ( LANGAN, JEF PO BOX 1824 BOISE, ID 83	1	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition QUINTIERI, ALLEN E 11060 BARDEN TOWER DR BOISE, ID 83709		
Title: Name: Address: City-St-Zip:	TD ( WINTERS, HI 7600 SPRING NAMPA, ID 8	BDRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SHAFFER, GENE W 2715 POLK CALDWELL, ID 83605		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition VANHOUTEN, CARRIE J 10780 W EXCALIBUR BOISE, ID 83713		

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: ROBERT FELDMANN PD 01/08/2007