2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005282

Address:

City-St-Zip:

Entity Name: COMPOSITE BUILDING STRUCTURES, LTD., INC.

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1500 COLONIAL BLVD., SUITE 102 FORT MYERS, FL 339071025				9111 SOUTHMONT COVE 406 FORT MYERS, FL 33908		
				,		
Current Mailing Address:				New Mailing Address:		
1500 COLONIAL BLVD., SUITE 102 FORT MYERS, FL 339071025			300-1	15880 SUMMERLIN ROAD 300-143 FORT MYERS, FL 33908		
FEI Number	: 20-2927384	FEI Number Applied For ()	FEI Number No	Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name	and Address of	New Registered Agent:	
9111 SOU FORT MYI	, JAMES P ITHMONT COV ERS, FL 3390	36298 US	.		l - 66°	
	e named entity s e of Florida.	submits this statement for the pi	urpose or cnang	jing its registered	l office or registered agent, or bo	
SIGNATU						
	Electron	ic Signature of Registered Age	nt		Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution (X).	receive the prior	notice.		
OFFICERS AND DIRECTORS:			ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ANTONIC, JAM	ONT COVE #406	Title: Name: Addres: City-St-	s:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () ENGEL, KENNE 5266 HIDDEN F BRIGHTON, MI	PINES DRIVE	Title: Name: Addres: City-St-	s:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ANTONIC, GLE	ONE CIRCLE #201	Title: Name: Addres: City-St-	HILL, RICHA s: 9111 SOUTH	(X) Change()Addition RD L IMONT COVE #404 S, FL 33908	
Title: Name: Address: City-St-Zip:	CBS HOMES F	L BLVD. STE 102	Title: Name: Addres: City-St-	CBS HOMES 15880 SUMN	(X) Change ()Addition 5 FLORIDA, L, LC MERLIN ROAD #300-143 S, FL 33907	
Title: Name:		Delete DUISIANA., LLC	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JAMES P. ANTONIC CP 07/24/2007

701 POYDRAS STREET, SUITE 3600

NEW ORLEANS, LA 70139