


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005641		
1. Entity Name EXTERIOR BUILDING SUPPLY, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 AUG 31 AM 11:12

Principal Place of Business 3113 WILLIE MAYS PARKWAY ORLANDO, FL 32811-5523	Mailing Address 3113 WILLIE MAYS PARKWAY ORLANDO, FL 32811-5523
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2. Principal Place of Business 9601 Recycle Center Rd.	3. Mailing Address 501-C Old State Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08302006 Chg-P CR2E034 (11/05)

City & State Orlando, Florida	City & State Ballwin, Missouri
Zip 32824	Country US
Zip 63021	Country US

4. FEI Number 01-0628218	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, TROY 501-C OLD STATE ROAD BALLWIN, MO 63021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAPPIER, RICK D 501-C OLD STATE ROAD BALLWIN, MO 63021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, LEE E JR. 501-C OLD STATE ROAD BALLWIN, MO 63021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
300079713333 09/12/06--01018--007 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul E. Rosenberg, Esq., Counsel* Date: 8/30/06 Daytime Phone #: 407-835-6738