



FILED  
Aug 23, 2007 8:00 am  
Secretary of State

08-23-2007 90023 022 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F06000001625			
1. Entity Name BOOK CONSTRUCTION, INC.			
Principal Place of Business 4312 OLDE ROXBURY DR MATTHEWS, NC 28105		Mailing Address <del>1801 E1 CROSS BEAM DRIVE</del> CHARLOTTE, NC 28217	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 598 Indian Trail Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #106	
City & State		City & State Indian Trail, NC	
Zip	Country	Zip	Country
28079	USA	28079	USA
6. Name and Address of Current Registered Agent CONTRACTOR BUSINESS SERVICES, INC 15409 US HWY 19 HUDSON, FL 34687		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MACALUSO, PAMELA BOOK 4312 OLDE ROXBURY DR MATTHEWS, NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MACALUSO, LARRY 4312 OLDE ROXBURY DR MATTHEWS, NC 28105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 1/18/07 704-684-1470	