

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14816

FILED  
Mar 14, 2006  
Secretary of State

Entity Name: CONSOLIDATED FOREST PRODUCTS, INC.

## Current Principal Place of Business:

375 COMMERCE WAY, SUITE 101  
P O BOX 520090  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

375 COMMERCE WAY, SUITE 101  
P O BOX 520090  
LONGWOOD, FL 327520090 US

## New Mailing Address:

FEI Number: 59-2253086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TATICH, PHILIP  
341 N MAITLAND AVE STE 340  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

ST. LAURENT, WILLIAM  
375 COMMERCE WAY  
SUITE 101  
LONGWOOD, FL 32750 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: WILLIAM ST. LAURENT

03/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: ST. LAURENT, GEORGES, C.  
Address: 375 COMMERCE WAY STE 101  
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete  
Name: STEVENS, BETH A.  
Address: 375 COMMERCE WAY, STE 101  
City-St-Zip: LONGWOOD, FL 32750

Title: P (X) Delete  
Name: ST LAURENT, WILLIAM C  
Address: 375 COMMERCE WAY, STE 101  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ST. LAURENT, WILLIAM  
Address: 375 COMMERCE WAY STE 101  
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change ( ) Addition  
Name: ST. LAURENT, WENDY  
Address: 375 COMMERCE WAY, STE 101  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM ST. LAURENT

PRES

03/14/2006

Electronic Signature of Signing Officer or Director

Date