
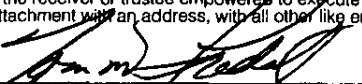
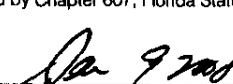


FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # G21657 1. Entity Name B & B BUILDING SYSTEMS, INC.			
Principal Place of Business 225 BOYD ROAD FT. PIERCE, FL 34945		Mailing Address 225 BOYD ROAD FT. PIERCE, FL 34945	
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>			
		<div style="text-align: center;"></div> <div>01092008 No Chg-P CR2E034 (11/05)</div>	
		4. FEI Number 59-2260558 <div>Applied For Not Applicable</div>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCFREDERICK, THOMAS 805 CORY CAMPBELL RD. FT. PIERCE, FL 34982		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>	
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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PST MCFREDERICK, THOMAS 805 CORY CAMPBELL RD. FT. PIERCE, FL 34945	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>			
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: 		 772-466-9988	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	