FILED Apr 18, 2005 8:00 am

2005	FOR	PROFI	T CORI	PORAT	'ION
	Α	NNUAL	. REPO	RT	

ANNUAL REPORT					Secretary of State						
DOCUMENT # H02495 1. Entity Name AVANTI STEEL BUILDINGS INC.					04-18-2005 90567 004 ***150						
Principal Place of Business 2074 47TH ST SARASOTA, FL 34234 US		Mailing Address 2074 47TH ST SARASOTA, FL 34234 US		i (133)(Fi) 9 (1	. 8 2 18 11 8 18 11	10 1 211 1 214 1	 	:11 B1B11 B1B11 B1B1	£1 k li 1 £1 i		
2. Principal Place of Business 1590 First Street		3. Mailing Address 1590 First Street									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212005	Chg-	P	CR2E0	34 (10/03)			
City & State Sarasota		City & State Sarasota			4. FEI Number 59-243				No	plied For Applicable	
Zip 34236-	-8502 USA	Zip Count 34236-8502 USA		-	5. Certificate of Status Desired			S8.75 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent				7. Name and	Address	of New Re	gistered /	Agent	·
GALLAGHER, LAWRENCE W. 2074 47TH ST. SARASOTA, FL 34234					James C. Goar Street Address (P.O. Box Number is Not Acceptable) 1590 First Street						
•					Sarasota F 34236-850						
	named entity submits this statement for	the purpose of changing its r	egistere	ed office or	register	ed agent, or bo	th, in the St	ate of Flor	ida. Lam	familiar with,	and accept
1	ions of registered agent.	es 14 per es es	: .		_			_		_	
SIGNATURE	Signature Typed or printed name of registered agent a	ord little if annitrable (NOTE				when reinstating)		2-28	OATE		<u>. 1 </u>
					:		· - ·	· . · ·	<u>.1 - (n</u>		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			cing .		00 May Be ed to Fees					ļ
10	OFFICERS AND I	DIRECTORS	11.			ADDITIONS	/CHANGES	TO OFFI	CERS AND	DIRECTORS	SIN 11
TITLE	PD	☐ Delete	TITLE							Change	☐ Addition
NAME STREET ADDRESS	NAME GALLAGHER, LAWRENCE W. STREET ADDRESS 2074 47TH STREET		NAME	ET ADDRESS	510	00 Pond	erosa	Dri	Ve		
CITY-ST-ZIP	1			-ST-ZIP		dgeway,					
TITLE	D GALLAGHER, BARBARA D.	☐ Delete	TITLE						•	Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP	EET ADDRESS 2074 47TH ST.			et address -st-zip		00 Pond Igeway,					
TITLE	- :	☐ Delete	TITLE							☐ Change	Addition
NAME -			NAM		_				<u>-</u>		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS • ST - ZIP							· ·
TITLE		□ Delete	TITLE							☐ Change	Addition
NAME STREET ADDRESS		L		ET ADDRESS							
CITY-ST-ZIP	<u>.</u>	□ Delete	TITLE	-ST-ZIP		 				☐ Change	☐ Addition
TITLE NAME		LJ Delets	NAM							Change	
STREET ADDRESS				ET ADORESS							
CITY'ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP				٠,		Change	- Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete			, , , 1	ara Araba		÷		☐ Change	☐ Addition
	certify that the information supplied with	this filing does not qualify for	the exe	mption stat	ed in Se	ection 119.07(3)	(i), Florida	Statutes I	further ce	rtify that the in	nformation ·
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in section, 119.07 (3)(f), Profital statutes, that I am an officer or director of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of trustee empowered of the corporation or the receiver of the corporation of the corporation of the receiver of t											