2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51320

Entity Name: FLORIDA BUILDING PRODUCTS, INC.

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
4500 PGA E SUITE 400	BOULEVARD CH GARDENS		US						
Current Mailing Address:					New Mailing Address:				
SUITE 300	1FIELD HILLS I LD HILLS, MI								
FEI Number: 5	59-2519121	FEI Number	Applied For ()	FEI Num	ber Not Appli	cable ()	Certifica	te of Status De	sired ()
Name and Address of Current Registered Agent: Name and A							f New Reg	istered Ager	nt:
1200 SOUT	DRATION SYS H PINE ISLAN DN, FL 33324								
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.									
SIGNATUR	E:								
	Electronic	c Signature c	of Registered Agen	t				Date	
Election Cam	paign Financing	Trust Fund Co	ntribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP () E SMITH, HARMON 4500 PGA BOUL PALM BEACH GA	EVARD STE 40			Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	AS () E KLYM, JAN M 100 BLOOMFIEL BLOOMFIELD HI				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DVAS () E SHANNON, WILL 4500 PGA BOUL PALM BEACH GA	EVARD STE 40			Title: Name: Address: City-St-Zip:		(X) Change(ID A BOULEVARD S CH GARDENS,	STE 400	
Title: Name: Address: City-St-Zip:	VS () E STOLLER, JOHN 100 BLOOMFIEL BLOOMFIELD HI	I R .D HILLS PKW`			Title: Name: Address: City-St-Zip:	SHERBIN, E 100 BLOOM		PKWY STE 300	ס
Title: Name: Address: City-St-Zip:	VT () E ROBINSON, BRU 100 BLOOMFIEL BLOOMFIELD HI	.D HILLS PKW			Title: Name: Address: City-St-Zip:			PKWY STE 300	ס
Title: Name: Address: City-St-Zip:	DVCF () E KOON, DAVID A 4500 PGA BOUL PALM BEACH GA				Title: Name: Address: City-St-Zip:			PKWY STE 300	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN M KLYM AS 03/28/2005