2007 FOR PROFIT CORPORATION

FILED Ian 19. 2007 08:00 AM

	ANNUAL	REPORI				J, 2007 00.00	
DOCU	IMENT # J68338				Se	ecretary of Sta	ato
1. Entity Nar BUILDE	TIE RS SPECIALTIES OF VENICE	INC.					
		., 1140.					
Principal Plac	ce of Business	Mailing Address	_ 				
245 WARFIE		245 WARFIELD					
VENICE, FL	34292	VENICE, FL 34292		1			
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l line Nativa						,;	
				01102007	No Chg-P	CR2E034 (11/05)	
Land of the Control o	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb	oer	Applied For	
				59-28 ⁻	16568	Not Applica	ıble
a				5. Certificate	e of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent					***
CLISPE, F	PHILLIP			, DO	NOT W	DITE	
245 WAR	FIELD FL 34292					~3:4:4:4:4:4:4:4:333334.5:3333.5:00	
VENICE,	FL 34292			IN '	THIS SF	ACE	
8. The above	e named entity submits this statement for the	ne purpose of changing its registe	red office or r	registered agent, or bo	oth, in the State of Flo	orida. I am familiar with, and acce	ept
the obliga	itions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and	title f applicable. (NOTF: Flequate)	rad Agent suggetture	a required when reinstating)		DATE	
					1		_
FIL After M	.E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	1		
10.	OFFICERS AND DI			Ang Sarah and Salarah	र (मन्त्रिक्षण मास्क्रिक्षण) । स्ट्रांसिक्षण	Translandig A.C. Salah daga segarap dalam gergi P	ः सरकार
TITLE	PD						
NAMÉ STREET ADDRESS	CLIPSE, PHILLIP 245 WARFIELD						
CITY-ST-ZIP	VENICE, FL 34292		* * **********************************				Pris.
TITLE					U0000099	192457	
NAME STREET ADDRESS					antyravni-6	90062-017 150.00	er in
CITY-ST-ZIP							
TITLE						Andreas Commencer Co	
NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	45.88
TITLE				in'	THIS SF	ACE	##
NAME Street Address			3				A.A.
CITY-ST-ZIP							id.
TITLE			- Copt 1800				977
NAME STREET ADDRESS							is de
CITY-ST-ZIP	1						830

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND THEO OR PRINTED TOME OF BIGNING OFFICER OR DIRECTOR