2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91869

Entity Name: ALLSTAR BUILDING MATERIALS, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	-			ripair lace of Basillessi		
	3HWAY U.S. 1 3CH., FL 32174	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	GHWAY U.S. 1 BCH., FL 32174	US				
FEI Number:	59-2849456 FE	Number Applied For() FEI I	Number Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
DAYTONA	NDVIEW AVENU BEACH, FL 32118	3 US				
The above in the State		its this statement for the purpos	e of changing it	its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electronic Si	gnature of Registered Agent		Date		
Election Cam	paign Financing Trus	st Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD () Delet BURNS, GEORGE, 605 CHARLES ST. PORT ORANGE, FL	re	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BURNS, GEORGE, 605 CHARLES ST. PORT ORANGE, FL		
Title: Name: Address: City-St-Zip:	PD () Delet CROWE, THOMAS Y ROUTE 1 130 OAK L ORMOND BEACH, FI	., ANE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition CROWE, THOMAS Y., ROUTE 1 130 OAK LANE ORMOND BEACH, FL		
Title: Name: Address: City-St-Zip:	SD () Delet KIRBY, KENNETH, 595 N. NOVA RD. ORMOND BEACH, FI		Title: Name: Address: City-St-Zip:	S (X) Change () Addition KIRBY, KENNETH, 595 N. NOVA RD. ORMOND BEACH, FL		
Title: Name: Address: City-St-Zip:	D (X) Dele O'NEILL, WILLIAM, 3000 N. ATLANTIC A' DAYTONA BEACH, F	√E.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () Delet LEMERAND, L. GALE 103-B NORTH LAKE ORMOND BEACH, FL	E DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () Delet THOMPSON, STEPH 7 FOX CLIFF WAY ORMOND BEACH, FI	EN	Title: Name: Address: City-St-Zip:	T (X) Change () Addition THOMPSON, STEPHEN 7 FOX CLIFF WAY ORMOND BEACH, FL		

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS Y. CROWE P 04/07/2009