
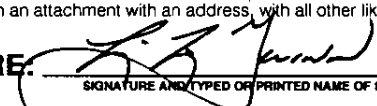


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K55250 1. Entity Name SOUTH FLORIDA MATERIALS CORP.					
Principal Place of Business 300 MIDDLE ROAD PORT OF PALM BEACH RIVERA BEACH, FL 33404			Mailing Address C/O L.L. GWINN P.O. BOX 2438 BECKLEY, WV 25802		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03232007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-2028759				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFREHN, JOHN 101 SANSBURY'S WAY WEST PALM BEACH, FL 33416			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P VECELLIO, LEO A JR. 101 SANSBURY'S WAY W PALM BEACH, FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John DeFrehn 101 Sansbury's Way West Palm Beach, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GWINN, L. L. 2251 ROBERT C. BYRD DRIVE BECKLEY, WV 25801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> 600096246636 04/09/07--01049--005 **61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VECELLIO, CHRISTOPHER S 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BASHAW, DAVID H 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VECELLIO, KATHRYN C 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VECELLIO, MICHAEL A 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; font-family: cursive;">B 4/4/07</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: 			L.L. Gwinn		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/23/07 Daytime Phone # 304-252-6575		

FILED
2007 MAR 27 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

