## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K56319

FILED Jan 04, 2008 Secretary of State

Entity Name: SMITH BUILDING SPECIALTIES, INC.

urrent P	Principal Place	of Business:	New Principal Plac	ce of Business:
503 W 27 ANAMA	7TH ST CITY, FL 32405	S US		
urrent N	/lailing Address	s:	New Mailing Addre	ess:
503 W. 2	JILDING SPECIA 27TH STREET CITY, FL 32405			
El Number	r: 59-3029261	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
118 MISS	ORMAN A., JR. SOURI AVE. VEN, FL 32444	US		
	named entity c	ubmits this statement for the i	ourpose of changing its registe	red office or registered agent, or both,
	e of Florida.			
	e of Florida.	,		
the Stat	e of Florida.	c Signature of Registered Ag	ent	Date
the Stat	e of Florida.  RE: Electroni		ent	Date
the State	e of Florida.  RE: Electroni	c Signature of Registered Agr		Date  GES TO OFFICERS AND DIRECTOR
the State	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution ( ). CORS: Delete N A., JR, . AVE.		
the State GNATU  ection Car  FFICER  elle: ame: ldress:	e of Florida.  RE: Electroni  mpaign Financing  S AND DIRECT  DP () SMITH, NORMAI 1118 MISSOURI LYNN HAVEN, F	c Signature of Registered Agr Trust Fund Contribution ( ). FORS: Delete N.A., JR, . AVE. L Delete AVE.	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
the State GNATU  ection Cal  FFICER  le: me: dress: y-St-Zip: le: me: dress:	Te of Florida.  RE:  Electronic E	c Signature of Registered Ag  Trust Fund Contribution ( ).  FORS:  Delete N A., JR, . AVE. L  Delete AVE. L  Delete N A III STREET	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: JEFFREY CAIN MR. 01/04/2008