

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77668

FILED
Apr 21, 2009
Secretary of State

Entity Name: BUILDERS SPECIALTIES, INC.

Current Principal Place of Business:

5450 NW 33RD AVE.
SUITE 110
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3 WERNER WAY
C/O JEN GARA
LEBANON, NJ 08833 US

New Mailing Address:

FEI Number: 22-3009762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSON, DAVID
5450 NW 33RD AVE.
SUITE 110
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALLOCK HAKES, ELLEN
Address: 3 WERNER WAY
City-St-Zip: LEBANON, NJ

Title: DP () Delete
Name: DADD, RONALD F
Address: 3 WERNER WAY
City-St-Zip: LEBANON, NJ

Title: VPST () Delete
Name: ALTIER, EDWARD J.
Address: 3 WERNER WAY
City-St-Zip: LEBANON, NJ

Title: AS () Delete
Name: GARA, JENNIFER
Address: 3 WERNER WAY
City-St-Zip: LEBANON, NJ

Title: ASAT () Delete
Name: CASEY, GREGORY P
Address: 3 WERNER WAY
City-St-Zip: LEBANON, NJ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JENNIFER L. GARA

AS

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date