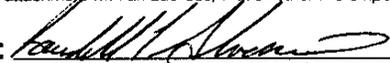


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90161 005 ***150.00

DOCUMENT # L69212			
1. Entity Name B AND Z FRAMING, INC.			
Principal Place of Business 1966 CRANE CREEK BLVD MELBOURNE, FL 32940		Mailing Address 1966 CRANE CREEK BLVD MELBOURNE, FL 32940	
2. Principal Place of Business 6050 BARCOCK ST. Suite, Apt. #, etc. #28		3. Mailing Address 6050 BARCOCK ST. Suite, Apt. #, etc. #28	
City & State PALM BAY, FLORIDA		City & State PALM BAY, FLORIDA	
Zip 32909		Country USA	
4. FEI Number 59-3010854		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVESON, RANDALL T 9555 RIVERVIEW DR MICCO, FL 32976		7. Name and Address of New Registered Agent Name: RANDALL T. SALVESON Street Address (P.O. Box Number is Not Acceptable): 9567 PARKER DRIVE City: MICCO FL Zip Code: 32976	
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: 		DATE: 3-7-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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: P <input type="checkbox"/> Delete	NAME: SALVESON, RANDALL	TITLE: P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: SALVESON, RANDALL
STREET ADDRESS: 9555 RIVERVIEW DR	CITY-ST-ZIP: MICCO, FL 32976	STREET ADDRESS: 9567 PARKER DR.	CITY-ST-ZIP: MICCO, FL 32976
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: LONEY, DANE
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS: 1966 CRANE CREEK BLVD,	CITY-ST-ZIP: MELBOURNE, FL. 32940
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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:  Randall T Salvesson		Date: 3-7-06	Daytime Phone #: 321-394-6666

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