


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # M34634 1. Entity Name TRI-COUNTY BUILDING SPECIALTIES, INC.	
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Principal Place of Business 1332 WEST MCNAB RD FORT LAUDERDALE, FL 33309 US	Mailing Address 1332 WEST MCNAB RD FORT LAUDERDALE, FL 33309 US
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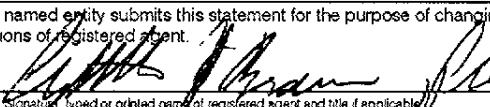
04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2711294	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRAUN, CYNTHIA H 1332 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

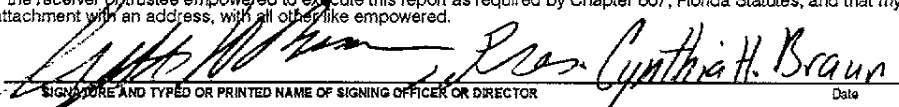
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)
DATE: 4/21/06

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, CYNTHIA H. 1332 WEST MCNAB RD FORT LAUDERDALE, FL 33309
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05/15/06-80053-025 158.75

**DO NOT WRITE
IN THIS SPACE**

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:  Cynthia H. Braun 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Daytime Phone #

954-977-6606