


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90002 035 \*\*\*150.00

<b>DOCUMENT # M84202</b>	
1. Entity Name BUILDING PRODUCTS ETC., INC.	

Principal Place of Business 614 FERN AVE P.O. BOX 169 DAYTONA BEACH, FL 32115	Mailing Address P.O. BOX 169 P.O. BOX 169 DAYTONA BEACH, FL 32115 US
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2. Principal Place of Business 825 GATE PARK DR UNIT 9	3. Mailing Address P.O. Box 169
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01122005 Chg-P CR2E034 (10/03)

City & State DAYTONA BEACH FL	City & State DAYTONA BEACH	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 32114	Country VOLUSIA	Zip 32115	Country VOLUSIA

6. Name and Address of Current Registered Agent SPOTTS, ROBERT 3704 DONEGAL CIR ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Robert Spotts (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: SPOTTS, MAUREEN M. STREET ADDRESS: PO BOX 169 CITY-ST-ZIP: DAYTONA BCH, FL 32115	<input type="checkbox"/> Delete	ST NAME: SPOTTS MAUREEN M STREET ADDRESS: PO BOX 169 CITY-ST-ZIP: DAYTONA BEACH FL 32115	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: SPOTTS, ROBERT STREET ADDRESS: P.O. BOX 159 CITY-ST-ZIP: DAYTONA BEACH, FL 32115	<input type="checkbox"/> Delete	Pres NAME: SPOTTS ROBERT STREET ADDRESS: P.O. BOX 159 CITY-ST-ZIP: DAYTONA BEACH FL 32115	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: HUGHART, PAUL STREET ADDRESS: 700 ESPANOLA AVENUE #C CITY-ST-ZIP: ORMOND BEACH, FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Spotts Robert Spotts Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_