2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12923

FILED Apr 25, 2006 Secretary of State

Entity Name: SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 98 AZALEA CIRCLE BOYNTON BEACH, FL 33436 US **Current Mailing Address: New Mailing Address:** 98 AZALEA CIRCLE BOYNTON BEACH, FL 33436 US FEI Number: 65-0038566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWSON, JOE 98 AZALEA CIRCLE BOYNTON BEACH, FL 33436 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CRUZE, KIRK CRUZE, KIRK Name: Name: HALF MILE LUMBER 9500 W ATLANTIC AVE Address: SPACE COAST TRUSS 9500 W ATLANTIC AVE Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: DELRAY BEACH, FL Title: Title: D () Delete (X) Change () Addition BECHT, BOB Name: BECHT, BOB Name: Address: CHAMBERS TRUSS 3165 OLEANDER Address: CHAMBERS TRUSS 3165 OLEANDER City-St-Zip: FT PIERCE, FL 34982 City-St-Zip: FT PIERCE, FL 34982 Title: Title: (X) Change () Addition () Delete BUCEK, KEN REMICK, SCOTT Name: Name: A-1 ROAS TRAVESS PO BOX 220 SPACE COAST TRUSS 201 SW PORT ST LUCIE BLV Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: PORT ST LUCIE, FL 34984-501 Title: () Delete Title: () Change () Addition Name: LAWSON, JOE Name: Address: 98 AZALEA CIRCLE Address: BOYNTON BEACH, FL City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition EVERT, SCOTT BECHT, PERKY Name: Name: CHAMBERS TRUSS 3665 OLEANDER CHAMBERS TRUSS 3665 OLEANDER Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition LAMBERT, BRAD Name: Name: Address: SIMPSON STRONG TIE Address: MC KINNEY, TX 75069 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE LAWSON T 04/25/2006