## 2007 FOR PROFIT CORPORATION

## May 02, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P00000007877 ^ 1. Entity Name EIFS SPEC, INC. Principal Place of Business Mailing Address 100 S. ANDREWS AVE. 100 S. ANDREWS AVE. POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 No Chg-P CR2E034 (11/05) 04072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0975782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELCHER, JOHN DO NOT WRITE 100 S. ANDREWS AVE. POMPANO BEACH, FL 33069 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PST TITLE NAME BELCHER, JOHN 100 S. ANDREWS AVE. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS U0000075667S CITY-ST-ZIP 05/23/07-80040-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 treater impowered 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—tip all plocy like approvered.

ohn Belcher

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

954-942-8889

Date

Daytime Phone 4