2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 29, 2004_08:00 AM Secretary of State **DOCUMENT # P01000086315** STEEL BUILDING CONSULTANTS, INC. Principal Place of Business Mailing Address 3325 ADDISON DRIVE 3325 ADDISON DRIVE PENSACOLA, FL 32514 PENSACOLA, FL 32514 01132004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3742969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DAVIS, BRAD DO NOT WRITE 3325 ADDISON DRIVE PENSACOLA, FL 32514 IN THIS SPACE . 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 it applicable (NOTE Registered Agent signature required when reinstating) U00000141466 04/30/04-80011-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 18. TITLE DAVIS, BRAD NAME STREET ADDRESS 3325 ADDISON DR CSY-ST-ZP PENSACOLA, FL 32514 NAME MYSLAK, JOHN STREET ADDRESS 3325 ADDISON DR CITY-ST-ZP PENSACOLA, FL 32514 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 1371 F STREET ADDRESS CATY-ST-ZIP

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 it changed, or on an attachment of an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR