2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90008 011 ***158.75

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1. Entity Name
EASY BUILDING SUPPLIES, CORP.

Principal Place of Business	Mailing Address
210 N. JINNETTE CLEWISTON, FL 33440	HC 61 BOX 923 CLEWISTON, FL 33440

54015290

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
435 N Hacienda St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clewiston, FL	City & State
Zip: 33440 Country: US	Zip Country

4. FEI Number: 02-0559552 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARRERO, CARLOS R 435 N. HACIENDA CLEWISTON, FL 33440	Name: Carmen Vazquez Street Address (P.O. Box Number is Not Acceptable): 435 N Hacienda St City: Clewiston FL Zip Code: 33440

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: CARMEN VAZQUEZ Carmen Vazquez 02-24-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.

Rec - 03-01

$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PS	TITLE	Director [X] Change [ ] Addition
NAME	MARRERO, CARLOS R	NAME	Carmen Vazquez
STREET ADDRESS	435 N. HACENDA	STREET ADDRESS	435 N Hacienda St
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP	Clewiston, FL 33440
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen Vazquez 2/20/04 (863) 983-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #