


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000114175 1. Entity Name MASONRY SYSTEMS & BUILDING CONTRACTING, INC.	
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Principal Place of Business 296 GARY BLVD LONGWOOD FL 32750	Mailing Address 296 GARY BLVD LONGWOOD FL 32750
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 56-2401437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PECK, RICHARD 296 GARY BLVD LONGWOOD FL 32750
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D PECK, RICHARD	<input type="checkbox"/>
NAM	296 GARY BLVD	
STREET ADDRESS	LONGWOOD FL 32250	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000635574		
NAM	02/23/07-80019-023 150.00		
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 & 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 I/O empowered.

SIGNATURE: *R. Peck* 2-12-07 401 324 1027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #