

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000025712

FILED
Jul 16, 2007
Secretary of State

Entity Name: PANASTEEL BUILDING SOLUTIONS INC.

Current Principal Place of Business:

686 NW ENTERPRISE DRIVE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

686 NW ENTERPRISE DRIVE
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 20-8353909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRIOS, EDWIN
686 NW ENTERPRISE DRIVE
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

POLLACK, MICHAEL
686 NW ENTERPRISE DRIVE
PORT ST. LUCIE, FL 34986 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: MICHAEL POLLACK

07/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: BERRIOS, EDWIN
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: DIR () Delete
Name: BERRIOS, ROSSANA
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: CEO () Delete
Name: BERRIOS, EDWIN
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: T (X) Delete
Name: BERRIOS, EDWIN
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: S (X) Delete
Name: BERRIOS, ROSSANA
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: POLLACK, MICHAEL
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: DIR (X) Change () Addition
Name: HAMLIN, JULIA
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: DIR (X) Change () Addition
Name: DE LEMOS, JOSE
Address: 686 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE DE LEMOS

DIR

07/16/2007

Electronic Signature of Signing Officer or Director

Date