


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90296 019 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000123641</b>			
1. Entity Name <b>BRICKSTONE BUILDING MATERIALS, INC.</b>			
Principal Place of Business <b>3010 U. S. HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459 US</b>		Mailing Address <b>3010 U. S. HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459 US</b>	
2. Principal Place of Business <b>4217 Henderson Beach Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>4217 Henderson Beach Rd</b> Suite, Apt. #, etc.	
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>	
Zip <b>32541</b>		Zip <b>32541</b>	
Country <b>OKG/005A</b>		Country <b>OKG/005A</b>	
6. Name and Address of Current Registered Agent <b>LAW OFFICES OF LAMAR A. CONERLY, P.A. 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>[Signature]</b> {change address} DATE <b>04-17-06</b> <small>Signature of, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>BRICKSTONE GROUP, INC.</b> STREET ADDRESS <b>3010 U. S. HIGHWAY 98 WEST</b> CITY-ST-ZIP <b>SANTA ROSA BEACH, FL 32459</b>		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>4217 Henderson Beach Rd</b> STREET ADDRESS <b>Destin FL 32541</b> CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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 of the powers.			
SIGNATURE: <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04-17-06</b> Daytime Phone # <b>850-8372449</b>	

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01032006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1948413** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required