


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90067 006 ***158.75

DOCUMENT # P04000127804	
1. Entity Name FLORIDA BUILDING INDUSTRIES INCORPORATION	

Principal Place of Business 8449 THOR STREET JACKSONVILLE, FL 32216	Mailing Address 8449 THOR STREET JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # 8449 THOR-ST Suite, Apt. #, etc.	3. Mailing Address 8449 THOR-ST Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32216	Country DUVAL



03202007 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BALK, MICHAEL S 8449 THOR STREET JACKSONVILLE, FL 32216	
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7. Name and Address of New Registered Agent Name: MICHAEL S BALK Street Address (P.O. Box Number is Not Acceptable): 8449 THOR ST City: JACKSONVILLE FL Zip Code: 32216	
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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: Michael Balk DATE: MARCH 27 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALK, MICHAEL S <input type="checkbox"/> Delete 8449 THOR STREET JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NONE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE: Michael Balk DATE: MARCH 27 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40648568

3-12-07

DIVISION of CORPORATION

CORPORATION RENEWAL

DOCUMENT NUMBER P04000127804

MICHAEL S BALK
8449 THOR ST
JACKSONVILLE FL 32216
PH 904 304 5031

IN CLOSED IS MONEY ORDER

CORPORATION FEE \$1,50⁰⁰

COPY TO BE SENT TO ADDRESS \$8.75

TOTAL \$158.75

Thank you
Michael Balk