
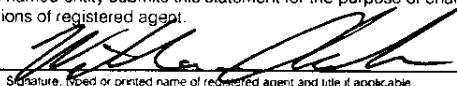
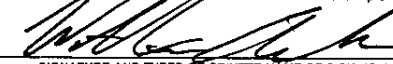


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 11 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000147863			
1. Entity Name B. D. W. SIDING, INC.			
Principal Place of Business 7500 POWERS AVENUE SUITE 36 JACKSONVILLE, FL 32217 US		Mailing Address 7500 POWERS AVENUE SUITE 36 JACKSONVILLE, FL 32217 US	
2. Principal Place of Business - No P.O. Box # 2838 Tinsley RD Suite, Apt. #, etc.		3. Mailing Address 2838 Tinsley RD Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL Zip 32218 Country USA		City & State JACKSONVILLE, FL Zip 32218 Country USA	
6. Name and Address of Current Registered Agent AREVALO, WILLIAM 7500 POWERS AVENUE SUITE 36 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name: AREVALO, William Street Address (P.O. Box Number is Not Acceptable) 2838 Tinsley RD City: JACKSONVILLE FL Zip Code: 32218	
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:  DATE: 5-7-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AREVALO, WILLIAM 7500 POWERS AVENUE, SUITE 36 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P AREVALO, WILLIAM 2838 Tinsley RD. JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, MIGUEL 7500 POWERS AVENUE, SUITE 36 JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Calderon, Marco 2838 Tinsley RD JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GONZALES, ANTONIO 7500 POWERS AVENUE, SUITE 36 JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Sandoval, Jose 2838 Tinsley RD. JACKSONVILLE, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103095259 05/23/07--01012--020 ***61.25 <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: 		5-7-07 904-881-5437 Date Daytime Phone #	