

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000154379

Entity Name: GAF SUPPLY CORPORATION

FILED
Aug 10, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 16305
TAMPA, FL 33687 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16305
TAMPA, FL 33687 US

New Mailing Address:

FEI Number: 06-1761306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIEBER, DENNIS
6398 6TH AVENUE SOUTH
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

MCLAUGHLIN, JIM
3500 NIBLICK COURT
NEW PORT RICHEY, FL 34655 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: JIM MCLAUGHLIN

08/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIEBER, DENNIS
Address: 6398 6TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707 US

Title: D (X) Delete
Name: GREENE, JEFF
Address: 8739 ORANGE LEAF CT
City-St-Zip: TAMPA, FL 33637 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCLAUGHLIN, JIM
Address: 3500 NIBLICK COURT
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM MCLAUGHLIN

D

08/10/2006

Electronic Signature of Signing Officer or Director

Date