


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

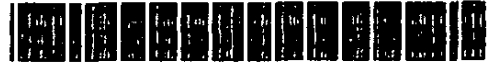
04-11-2008 90030 009 \*\*\*150.00

<b>DOCUMENT # P06000100696</b> 1. Entity Name: <b>BUILTRITE BUILDING PRODUCTS AND MOBILE HOME SUPPLIES, INC.</b>	
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Principal Place of Business <b>438 EAST HWY 40 INGLIS, FL 34449</b>	Mailing Address <b>438 EAST HWY 40 INGLIS, FL 34449</b>
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**DO NOT WRITE IN THIS SPACE**

40009010



01232008 No Chg-P CR2E034 (11/05)

4. FBI Number <b>20-8657151</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**ALONSO, JORGE F  
9714 - 121ST STREET, NORTH  
SEMINOLE, FL 33772**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when not rotating) DATE: \_\_\_\_\_

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE <b>PRESIDENT</b>	NAME <b>THOMAS, KERRY</b>
STREET ADDRESS <b>438 EAST HWY 40</b>	
CITY-ST-ZIP <b>INGLIS, FL 34449</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Kerry Thomas 3/28/08 352-447-2238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #