2007 FOR PROFIT CORPORATION

TITLE NAME STREET ADDRESS CITY-ST-7IP

FILED **ANNUAL REPORT** Mar 26, 2007 08:00 AM **DOCUMENT # P94000057217 Secretary of State** THE CONSTRUCTION STORE INC. Principal Place of Business Mailing Address 5580 SW 98 WAY 5580 SW 98 WAY COOPER CITY, FL 33328 COOPER CITY, FL 33328 CR2E034 (11/05) No Chg-P 03222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0515263 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FRENCH, KEITH M DO NOT WRITE 5580 SW 98 WAY COOPER CITY, FL 33328 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 -22-07 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THLE NAME FRENCH, KEITH M STREET ADDRESS 5580 SW 98 WAY U00000679784 04,/03/07-80051-019 150.00 COOPER CITY, FL 33328 CITY-ST-ZIP TITLE NAME FRENCH, BARBARA A 5580 SW 98 WAY STREET ADDRESS COOPER CITY, FL 33328 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:	Veixa harme	Keith M. French	3-22-07	954-895-5572
	SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #