

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 24, 2006 8:00 am  
Secretary of State**

03-24-2006 90037 011 \*\*\*150.00

**50005490**

<b>DOCUMENT # P95000058959</b>					
1. Entity Name <b>THE BUILDING ROOM, INC.</b>					
Principal Place of Business <b>2910 N FORSYTH RD WINTER PARK, FL 32792</b>		Mailing Address <b>2910 N FORSYTH RD WINTER PARK, FL 32792</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SUITER, GERALD P 2910 N FORSYTH RD WINTER PARK, FL 32792</b>			Name <b>DAVID BARRETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>3901 GREENVIEW PINES CT.</b> City <b>ORLANDO</b> FL Zip Code <b>32817</b>		
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 <i>David Barrett</i> DAVID BARRETT			DATE <b>3-14-06</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>PD SUITER, GERALD P 1031 BUCK RD ORLANDO, FL 32817</b>		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>SD SUITER, CYNTHIA K. 7421 HOUSTON CT E WINTER PARK, FL</b>		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>VD BARRETT, DAVID 3901 GREENVIEW PINES CT ORLANDO, FL 32817</b>		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		<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: <i>David Barrett</i> DAVID BARRETT <b>3/14/06</b>			Daytime Phone # <b>407-657-6292</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					