

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90230 049 \*\*\*150.00

<b>DOCUMENT # P96000012557</b>	
1. Entity Name EXPRESS BUILDING SYSTEMS, INC.	



Principal Place of Business 2706 REW CIR SUITE 100 OCOE, FL 34761-2994 US	Mailing Address P.O. BOX 1156 OCOE, FL 34761-2994 US
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**50016776**



2. Principal Place of Business 1041 CROWN PARK CIRCLE Suite, Apt. #, etc.	3. Mailing Address 1041 CROWN PARK CIRCLE Suite, Apt. #, etc.
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04252006 Chg-P CR2E034 (11/05)

City & State WINTER GARDEN	City & State WINTER GARDEN
Zip 34787	Country ORANGE

4. FEI Number 59-3370613	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RABOUD, RONALD J 2704 REW CIRCLE SUITE 105 OCOE, FL 34761
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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
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10. OFFICERS AND DIRECTORS	
TITLE VPD	<input type="checkbox"/> Delete
NAME RABOUD, RONALD J	
STREET ADDRESS 2706 REW CIRCLE, SUITE 1000	
CITY-ST-ZIP OCOE, FL 34761	
TITLE SD	<input type="checkbox"/> Delete
NAME COX, LAWRENCE E	
STREET ADDRESS 2706 REW CIRCLE, SUITE 100	
CITY-ST-ZIP OCOE, FL 34761	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME BRINKMAN, C. DENNIS	
STREET ADDRESS 2706 REW CIRCLE, SUITE 100	
CITY-ST-ZIP OCOE, FL 34761	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1041 CROWN PARK CIRCLE	
CITY-ST-ZIP WINTER GARDEN, FL 34787	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1041 CROWN PARK CIRCLE	
CITY-ST-ZIP WINTER GARDEN, FL 34787	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 live empowered.

SIGNATURE: C. DENNIS BRINKMAN 4/25/06 (407) 877-6632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #