2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P98000063336

Entity Name: SUSIE'S STRUCTURES, INC.

Current Principal Place of Business:

23820 COUNTY RD 561
ASTATULA, FL 34705 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130
ASTATULA, FL 34705 US

New Mailing Address:

FEI Number: 59-3534296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID, ZIEGLER A PRES
23820 COUNTY RD 561
ASTATULA, FL 34705 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZIEGLER, DAVID A
Address: 23820 COUNTY RD 561
City-St-Zip: ASTATULA, FL 34705

Title: VP ( ) Delete
Name: ZIEGLER, VERA
Address: 23820 COUNTY ROAD 561
City-St-Zip: ASTATULA, FL 34705

Title: ST ( ) Delete
Name: PAREDES, ANN MARIE
Address: 23820 COUNTY ROAD 561
City-St-Zip: ASTATULA, FL 34705

Title: CEO ( ) Delete
Name: ZIEGLER, WILLIAM A
Address: 223820 COUNTY ROAD 561
City-St-Zip: ASTATULA, FL 34705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: ZIEGLER, WILLIAM A
Address: 23820 COUNTY ROAD 561
City-St-Zip: ASTATULA, FL 34705

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: DAVID A. ZIEGLER PRES 04/25/2006

Electronic Signature of Signing Officer or Director Date