


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000078002	
1. Entity Name BUILDING SCIENCES NETWORK, INC.	

Principal Place of Business 13703 17TH ST DADE CITY, FL 33525	Mailing Address 13703 17TH ST DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3538043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALLEN, C. RICHARD
30338 DEER RUN
DADE CITY, FL 33523**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, C. RICHARD 30338 DEER RUN DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KATHERINE 30338 DEER RUN DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, LESTER 30338 DEER RUN DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, TIMOTHY C 30338 DEER RUN DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000352254
05/03/05-80021-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Katherine Allen **4/23/05 352-521-4002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #