


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90057 016 \*\*\*150.00

<b>DOCUMENT # P99000032843</b>	
1. Entity Name <b>BUILDERS SURPLUS, INC.</b>	

Principal Place of Business <b>8640 S. FLORIDA AVE. FLORAL CITY, FL 34436</b>	Mailing Address <b>8640 S. FLORIDA AVE. FLORAL CITY, FL 34436</b>
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2. Principal Place of Business - No P.O. Box # <b>11703 Broad St</b>	3. Mailing Address <b>11703 Broad St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Brooksville FL</b>	City & State <b>Brooksville FL</b>
Zip <b>34601-4826</b>	Zip <b>34601-4826</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>HARRISON, JOSEPH O 8640 S. FLORIDA AVE. FLORAL CITY, FL 34436</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11703 Broad St</b> City <b>Brooksville</b> FL Zip Code <b>34601</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, EMMA J. 8640 S. FLORIDA AVE. FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11703 Broad St Brooksville, FL 34601-4826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, JOSEPH O 8640 S. FLORIDA AVE. FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11703 Broad St Brooksville, FL 34601-4826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMBERT, DEBORAH 8640 S. FLORIDA AVE. FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11703 Broad St Brooksville, FL 34601-4826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **X**  **X 1-22-07 X 352 796 1479**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #