2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State **DOCUMENT # S83181** 1. Entity Name GCA BUILDING INC. Principal Place of Business Mailing Address 813 CINCY STREET 813 CINCY STREET VENICE, FL 34285 VENICE, FL 34285 CR2E034 (10/03) 03102005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3082976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ALBERT, GLENN C. DO NOT WRITE 813 CINCY STREET VENICE, FL 34285 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 religitating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ALBERT, GLENN C. HAME 813 CINCY ST. STREET ADDRESS U00000307491 04/15/05-80057-008 150.00 CITY-ST-ZIP VENICE, FL TITLE NAME ALBERT, CLAUDIA L STREET ADDRESS 813 CINCY ST VENICE, FL CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP mil.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 trusted 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 appears in with an adults switching if other like empowered.

Slaw C. ALBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED