


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90386 046 ***150.00

DOCUMENT # 828606	
1. Entity Name UNIVERSAL FOREST PRODUCTS, INC.	

Principal Place of Business 2801 E BELTLINE, N.E. GRAND RAPID, MI 49525	Mailing Address 2801 E BELTLINE, N.E. GRAND RAPID, MI 49525
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 38-1465835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WHITE, STEVE 105 PROGRESS RD. AUBURNDALE, FL 33823-7217	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	CEO CURRIE, WILLIAM G. <input type="checkbox"/> Delete 1830 BEARD DR. S.E. GRAND RAPIDS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COLE, MICHAEL R <input type="checkbox"/> Delete 2801 E BEHLINE NE GRAND RAPIDS, MI 49525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MISSAD, MATTHEW J <input type="checkbox"/> Delete 3987 BRIDGESTONE NE GRAND RAPIDS, MI 49546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLENN, MICHAEL B <input type="checkbox"/> Delete 1405 BOLLYBUNION SE GRAND RAPIDS, MI 49546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SECCHIA, PETER F <input checked="" type="checkbox"/> Delete 2833 BONNELL, SE GRAND RAPIDS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:  Michael R. Cole 4/17/07 616-364-6161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #