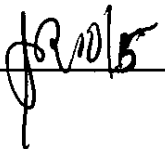
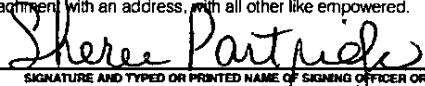


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L43597 1. Entity Name DAVID E. PARTRIDGE CARPENTRY, INC.						FILED 05 OCT -4 AM 10:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1061 16TH AVE, SW NAPLES, FL 34117 US				Mailing Address 1061 16TH AVE, SW NAPLES, FL 34117 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-0163113				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARTRIDGE, DAVID 1061 16TH AVE SW NAPLES, FL 34117				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	PARTRIDGE, DAVID E			NAME	700060211857 10/04/05--01045--013 **\$61.25		
STREET ADDRESS	1061 16TH AVE., S.W.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34145			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	PARTRIDGE, SHEREE			NAME			
STREET ADDRESS	1061 16TH AVE., S.W.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34145			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	GARCIA, ARMONDO			NAME			
STREET ADDRESS	2754 47TH TERR., N.W.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116			CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☒ Addition		
NAME				NAME	TREASURER DEREK PARTRIDGE 3308 LISA LANE APT 3 NAPLES, FL. 34117		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. 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 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:  VP				9-28-05 239-455-5032			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			