2006 NOT-FOR-PROFIT CORPORATION

Mar 14, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N96000006366 03-14-2006 90024 005 ****61.25 THE CARPENTER'S WORKSHOP, INC. Principal Place of Business Mailing Address 201 S.W. 62ND TERRACE 201 S.W. 62ND TERRACE PLANTATION, FL 33317 US PLANTATION, FL 33317 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Cha-NP CR2E037 (11/05) City & State Applied For 4. FEI Number 65-0714914 City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WITTE, LARRY F 201 S.E. 24TH AVENUE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33062 Zip Code City FL named entity submits the obligations of registered agent. 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 SIGNATURE (NOTE: Registered Agent aignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10: 11. ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME. UNGERBUEHLER, RICHARD A (SE NAME 201 S.W. 62ND TERRACE STREET ADDRESS STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP CCTY-ST-7P UNGERBUEHLER, RICHARD A. Delete Addition TITLE TITLE NAME (DIRECTOR) JE. 5581 SOUTHWEST 9 COULT MARGATE, FLORIDA 33068 BRAMAN, MICHAEL R 7050 NORTHWEST 44 STREET (APT. 401) STREET ADDRESS STREET ADDRESS LAUDERHILL, FL 33319 CITY-ST-ZIP CITY-ST-ZIP Addition D □ Delete TITLE Change TITLE PURINTON, DAVID B NAME NAME STREET ADDRESS 2548 S.W. 13TH COURT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ■ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 617. 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.

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