2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: IF PIETER

Feb 23, 2006 08:00 AM DOCUMENT # P03000120054 **Secretary of State** 1. Entity Name PIETER KLEIN CARPENTRY, INC. Principal Place of Business Mailing Address 5379 SULLIVAN ROAD TALLAHASSEE FL 32310 5379 SULLIVAN ROAD TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 11-3706786 Not Applicat Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KLEIN, SHAREE Street Address (P.O. Box Number is Not Acceptable) 5379 SULLIVAN ROAD TALLAHASSEE FL 32310 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and access 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 FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ta. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Adding BRIE ☐ Detete THILE NAME KLEIN, PETE NAME HH000H444631 STREET ADDRESS 5379 SULLIVAN ROAD STREET ADDRESS 03/07/06 80011-021 **150.8**0 CITY-ST-ZXP TALLAHASSEE FL 32310 CITY-57-77P ☐ Change ☐ Ad-Delete 7H) F TITLE NAME NAME KLEIN, SHAREE STREET ADDRESS STREET ADDRESS 5379 SULLIVAN ROAD CITY-ST-ZIP CRY-ST-ZE TALLAHASSEE FL 32310 ☐ Change T Address TITLE Defete מוננ ר NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change □ Mir TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change **□** A: TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-Z09 CRY-SI-ZP □ Ad. ☐ Change TITLE ☐ Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and securate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct 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 if changed, or on an attachment with an address, with all other like empowered.

PRESIDENT 2-13-06

FILED