2005 FOR PROFIT CORPORATION

Mar 30, 2005 08:00 AM ANNUAL REPORT -**Secretary of State** DOCUMENT # P03000125193 CENTRAL FLORIDA FRAMING & CONSTRUCTION, INC. Principal Place of Business Mailing Address 230 ALMADEN CT. 230 ALMADEN CT. WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 HS No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0711194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WLSON, CHRIS DO NOT WRITE 230 ALMADEN CT WINTER SPRINGS, FL 32708 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. DATE (NOTE: Registered Agent stonsture required when reinstating) 9. Election Campalgn 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 OFFICERS AND DIRECTORS 10. TITLE NAME WILSON, CHRIS STREET ADDRESS 230 ALMADEN COURT CITY-ST-ZIP WINTER SPRINGS, FL 32708 1100000280150-VP TITLE 03/30/05-80008-009 (50.0D WILSON, PATI NAME STREET ADDRESS 230 ALMADEN CT. CITY-ST-ZIP WINTER SPRINGS, FL 32708 NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 inclicated 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CHRIS WILSON MGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR