

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000128792
 1. Entity Name
 CARPENTRY PLUS MORE, INC.



Principal Place of Business
 4050 NE 17TH AVE
 OAKLAND PARK, FL 33334

Mailing Address
 4050 NE 17TH AVE
 OAKLAND PARK, FL 33334



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1087854	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

TATURE, MICHAEL
 4050 NE 17TH AVE
 OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000382583
 01/12/06-80018-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TATURE, MICHAEL 4050 NE 17TH AVE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS TATURE, LAURA 4050 NE 17TH AVE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 Tature 1/9/06 954-242-9372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #