2007 FOR PROFIT CORPORATION' ANNUAL REPORT

Feb 28, 2007 08:00 AM Secretary of State DOCUMENT # P03000006008 1. Entity Name NEW HOME CARPENTRY, INC. Principal Place of Business Mailing Address 4504 WESCOTT LN. 4504 WESCOTT LN. TAMPA, FL 33624 **TAMPA, FL 33624** No Chg-P CR2E034 (11/05) 02032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0927302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CEREZO, GUSTAVO J 4504 WESCOTT LN. IN THIS SPACE TAMPA, FL 33624 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS MR TITLE CEREZO, GUSTAVO J NAME STREET ADDRESS 4504 CITY-ST-ZIP TAMPA, FL 33624 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 in changed, or on an attachment with an address, while the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OF POINTED NAME OF SIGNING OFFICER OR DIREC

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FILED