2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# F05000004802

Entity Name: TIMBER PRODUCTS ENGINERING, INC.

Current Principal Place of Business:

1661 SIGMAN ROAD
CONYERS, GA 30012

New Principal Place of Business:

1641 SIGMAN ROAD
CONYERS, GA 30012

Current Mailing Address:

P.O. BOX 185
CONYERS, GA 30012

New Mailing Address:

FEI Number: 58-1763635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, WILLIAM MARK
124 PINETREE ROAD
PERRY, FL 32347 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, RONALD L
Address: 4496B WALL TRIANA
City-St-Zip: MADISON, AL 35758

Title: V ( ) Delete
Name: EDWARDS, PATRICK C
Address: 8735 CARRINGTON LAKES RIDGE
City-St-Zip: TRUSSVILLE, AL 35173

Title: SD ( ) Delete
Name: RESPASS, JAMES L III
Address: 4539 TILLMAN BLUFF ROAD
City-St-Zip: VALDOSTA, GA 31602

Title: T ( ) Delete
Name: CHRISTIAN, TERESA J
Address: 20 HARIAN COURT
City-St-Zip: COVINGTON, GA 30014

Title: D ( ) Delete
Name: GREER, TODD P
Address: 802 SILVERBELL COURT
City-St-Zip: STOCKBRIDGE, GA 30281

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. RESPESS III SD 03/16/2006

Electronic Signature of Signing Officer or Director — Date