№ 2008 FOR PROFIT CORPORATION

FILED Mar 12, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # J74590** 1. Entity Name GOLDEN CARPENTRY, INC. Principal Place of Business Mailing Address 3342 SWAAN LANE 3342 SWAAN LANE SARASOTA, FL 34235 SARASOTA, FL 34235 03092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2835041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GOLDEN, CHARLES E 3342 SWAAN LANE SARASOTA, FL 34235 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GOLDEN, CHARLES E. STREET ADDRESS 3342 SWAAN LANE CITY-ST-DP SARASOTA, FL 34235 TITLE GOLDEN, MICHELLE NAME STREET ADDRESS 3342 SWAAN LANE CITY-ST-ZIP SARASOTA, FL 34235 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 if changed, or on an attachment with an address, with all other like empowered

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Thichelle Golden NAME OF SIGNING OFFICER OR DIRECTOR