

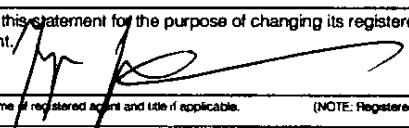
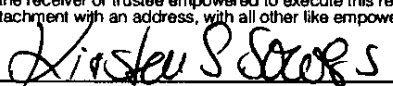


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K83414 1. Entity Name PYRAMID FORM CARPENTRY, INC.			
Principal Place of Business 1122 N FED. HWY LAKE WORTH, FL 33460 US		Mailing Address 1122 N FED. HWY LAKE WORTH, FL 33460 US	
2. Principal Place of Business 1105 S FED HWY Suite, Apt. #, etc. APT # 11 City & State Lake Worth, Florida Zip 33460 Country US		3. Mailing Address P.O. Box 766 Suite, Apt. #, etc. City & State Lake Worth, Florida Zip 33460 - 0766 Country US	
		08162005 Chg-P CR2E034 (10/03)	
		05 AUG 24 PM 12:40 TALLAHASSEE, FLORIDA	
			
4. FEI Number 65-0122648		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGMANN, JUERGEN 1122 N FED HWY LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name SIEGMANN, JUERGEN Street Address (P.O. Box Number is Not Acceptable) 1105 S FED HWY APT # 11 City LAKE WORTH FL Zip Code 33460	
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  DATE 08-21-05 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SIEGMANN, JUERGEN	NAME	
STREET ADDRESS	1122 N FED HWY	STREET ADDRESS	1105 S.FED. HWY APT # 11
CITY - ST - ZIP	LAKE WORTH, FL 33460	CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	MGRD <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SOWERS, KIRSTEN	NAME	
STREET ADDRESS	1122 N FED HWY	STREET ADDRESS	1105 S. FED. HWY APT # 13
CITY - ST - ZIP	LAKE WORTH, FL 33460	CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	OFF <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	SEWER, JOHN	NAME	
STREET ADDRESS	1122 N FED HWY	STREET ADDRESS	1105 S. FED. HWY APT # 13
CITY - ST - ZIP	LAKE WORTH, FL 33460	CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	100059140141
CITY - ST - ZIP		CITY - ST - ZIP	08/31/05--01002--003 **61.25
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 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: 		KIRSTEN S. SOWERS 08-21-05 661-718-9925	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

M. Williams AUG 24 2005