2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L 99000001909 1. Entity Name EURO-AMERICAN CARPENTRY, LLC Principal Place of Business Mailing Address 4845 TIMBERLAND DR. 4845 TIMBERLAND DR. MILTON, FL 32571 MILTON, FL 32571 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3569445 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOCCHINO, FRANK DO NOT WRITE 230 ST. BARNABAS STREET PENSACOLA, FL 32503 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE BJARNASON, ASGEIR NAME STREET ADDRESS 4845 TIMBERLAND DR. CITY-ST-ZIP MILTON, FL 32571 U00000349794 05/02/05-80079-014 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

FILED

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BJARNASOU OY- 27-05 (850) SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE