2004 FOR PROFIT CORPORATION

May 10, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P00000052770** 1. Entity Name KNEPP FRAMING, INC. Mailing Address Principal Place of Business 5155 MELDON CIRCLE 5155 MELDON CIRCLE SARASOTA, FL 34232 SARASOTA, FL 34232 04152004 - No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0566188 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Foe Required 6. Name and Address of Current Registered Agent KNEPP, NANCY DO NOT WRITE 5155 MELDON CIRCLE SARASOTA, FL 34232 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. (NOTE: Registered Agent aignature required when reinstating) Signature, typed or primed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KNEPP, VERNON NAME 000000159265 05/10/04-80023-016 150.00 STREET ADDRESS 5155 MELDON CIRCLE SARASOTA, FL 34232 CITY-ST-7/P TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is type and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction of the corporation or the receiver or trissee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment withyan address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

Daytene Phone #