2008 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

May 19, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P00000091583 1. Entity Name **NELSON CARPENTRY INC.** Principal Place of Business Mailing Address 1104 SW 8TH CT. 1104 SW 8TH CT. CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 01272008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 65-1041053 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOUTHWEST PROF. SERVICES OF FT. MYERS,INC. DO NOT WRITE 13571 MCGREGOR BLVD., #22 FT. MYERS, FL 33919 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 acc 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 9. Election Campaign Financing \$5.00 May Be H00000952371 FILE NOW!!! FEE IS \$150.00 /04/08-80077-012 550.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTSD TITLE **NELSON, JOHN ERIC** NAME STREET ADDRESS 1104 SW 8TH CT CITY-ST-ZiP CAPE CORAL, FL 33991 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

FILED

12. I bereby 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 inclicated 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 direct 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 changed, of on an attacking the supplemental report is true and accurate and that my name appears in Block 10 or Block changed, of on an attacking the 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 direct 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 changed, or on an attacking the 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 direct 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 changed.