2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P01000017909 SHAREHOLDERS' CARPENTRY SERVICES, INC. Principal Place of Business Mailing Address 2273 BUCKSTIN DR 2273 BUCKSTIN DR ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 CR2E034 (11/05) No Chg-P 01242008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1079026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, MELVIN E DO NOT WRITE 2273 BUCKSKIN DR ENGLEWOOD, FL 34223 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees U000000934066 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CLARK, MELVIN E NAME 2273 BUCKSKIN DR STREET AGORESS CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 the report as indicated by the corporation of the receiver or trustee empowered to execute the report as indicated on this report of the receiver or trustee empowered to execute the report as indicated on this report of the receiver or trustee empowered to execute the report of the receiver of the changed, or on an attachment with an address

SIGNATURE:

TITLE MAME STREET ADDRESS