2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096311

FILED Feb 22, 2004 Secretary of State

| Entity Nam | ne: NATUR | E COAST FRAMING, INC. | | | | | |
|---|--|------------------------------------|-----------|---|--------------|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | ORIDA AVE. O, FL 3444: | 2 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| P.O. BOX 4 KISSIMMEE | 30401 E, FL 34741 | | | | | | |
| FEI Number: | 59-3749340 | FEI Number Applied For () | FEI Nur | nber Not Appl | icable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| IDEAL OPPORTUNITIES, INC. 316 N JOHN YOUNG PARKWAY, SUITE 14 KISSIMMEE, FL 34741 US | | | | IDEAL OPPORTUNITIES, INC. 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE, FL 34741 US | | | |
| The above in the State | | y submits this statement for the p | ourpose o | of changing it | s registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | 02/22/2004 | | | |
| Electronic Signature of Registered Agent | | | | | | Date | |
| Election Cam | paign Financi | ng Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | PD (PAUELSEN, A 1577 N. FLOI HERNANDO, | RIDA AVE. | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD (STORANDT, 1 1577 N. FLOI HERNANDO, | RIDA AVE. | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD (MATSER, CH 1577 N. FLOI HERNANDO, | RIDA AVE. | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: | D (|) Delete | | Title: | SD | (X) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER J GROENENDIJK S 02/22/2004

GROENENDIJK, PETER J

KISSIMMEE, FL 34741

316 N. JOHN YOUNG PKY., STE. 14

Name:

Address:

City-St-Zip:

GROENENDIJK, PETER J

KISSIMMEE, FL 34741

316 N. JOHN YOUNG PKY., STE. 14