


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000011031**

1. Entity Name  
**DEADNUTZ FRAMING, INC.**



**FILED**  
04 OCT -4 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2681 ANN AVE KISSIMMEE, FL 34744</b>	Mailing Address <b>2681 ANN AVE KISSIMMEE, FL 34744</b>
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2. Principal Place of Business <b>2037 Live Oak Blvd</b>	3. Mailing Address <b>2037 Live Oak Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09292004 Chg-P CR2E034 (10/03) *JA*

City & State <b>St Cloud FL</b>	City & State <b>St Cloud FL</b>
Zip <b>34711</b>	Country <b>US</b>

4. FEI Number <b>-90-0002328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BOWLING, TAYLOR  
2681 ANN AVE  
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name **Bowling, Taylor**

Street Address (P.O. Box Number is Not Acceptable)  
**2037 Live Oak Blvd**

City **St Cloud** State **FL** Zip Code **34771**

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 **Taylor Bowling** DATE **9-29-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>TAYLOR, BOWLING</b>	
STREET ADDRESS <b>2681 ANN AVE</b>	
CITY-ST-ZIP <b>KISSIMMEE, FL 34744</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>2037 Live Oak Blvd</b>	
CITY-ST-ZIP <b>St-Cloud FL 34771</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>200041570692</b>	
CITY-ST-ZIP <b>10/04/04-01035-024-***150-00</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Taylor Bowling** DATE **9-29-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #