



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90175 020 \*\*\*150.00

<b>DOCUMENT # P02000019456</b> 1. Entity Name <b>NEW IMAGE CARPENTRY, INC.</b>			
Principal Place of Business <b>28 N.E. 13TH CT. CAPE CORAL, FL 33909</b>		Mailing Address <b>28 N.E. 13TH CT. CAPE CORAL, FL 33909</b>	
2. Principal Place of Business <b>4277 EXCHANGE AVE</b> Suite, Apt. #, etc. <b>UNIT # 10</b> City & State <b>NAPLES, FL</b> Zip <b>34104</b>		3. Mailing Address <b>4277 EXCHANGE AVE</b> Suite, Apt. #, etc. <b>UNIT # 10</b> City & State <b>NAPLES, FL</b> Zip <b>34104</b>	
4. FEI Number <b>41-2030565</b>		Chg-P <b>CR2E034 (11/05)</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SLAUGHTER, TIM 28 N.E. 13TH CT. CAPE CORAL, FL 33909</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>SLAUGHTER, TIM</b> STREET ADDRESS <b>28 N.E. 13TH CT.</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33909</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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 all other like empowered.			
<b>SIGNATURE:</b>  <b>Tim Slaughter</b> <span style="float: right;">4/16/06 1-239-289-5503</span>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	