2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LISA HAGUE

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P02000065361 1. Entity Name 04-15-2004 90041 006 ***150 00 U.K. CARPENTRY & CABINETRY, INC. Principal Place of Business Mailing Address 1404 LARK COURT TITUSVILLE FL 32780 1404 LARK COURT TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 03-0457015 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desiréd Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENE, ELLIOT Street Address (P.O. Box Number is Not Acceptable) 3405 NW 9TH AVE #1201 FT LAUDERDALE FL 33309 871 W. OAKLAND PARK BOULEVARD AUDERDALE 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE Addition HAGUE, LISA NAME NAME 1404 LARK COURT STREET ADORESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY - ST - ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME HAGUE, MICHAEL NAME 1404 LARK COURT STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP 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

FILED