FILED 2004 FOR PROFIT CORPORATION May 03, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P02000134366 1. Entity Name DAN FRANCIS CARPENTRY, INC. Principal Place of Business Mailing Address 3801 SW 31 DR 3801 SW 31 DR HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0067823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FRANCIS, DAN 3801 SW 31 DR HOLLYWOOD, FL 33023 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FRANCIS, DAN STREET ADDRESS 3801 SW 31 DR CITY-ST-ZIP HOLLYWOOD, FL 33023 -- U00000155433 05/05/04-80036-014 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE MANAE STREET ADDRESS

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 an other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP