2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 09, 2007 8:00 am Secretary of State DOCUMENT # P03000048175 1. Entity Name 05-09-2007 90115 004 ***150.00 ALL FLORIDA FRAMING & TRIM CORPORATION Principal Place of Business Mailing Address C/O 348 SOMERSET AVE 6023 26TH ST W PMB #139 BRADENTON FL 34207 SARASOTA FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 348 Somerset Ave Suile, Apt. #, olc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 54-2113360 F Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUPSON, JAYNE Street Address (P.O. Box Number is Not Acceptable) #139, 6023 26TH ST W **BRADENTON FL 34207** City Zip Codo 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 in applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILLE ☐ Delete **Change** Addition HILE LUPSON, JAYNE LUPSON JAYNE NAMI NAMI 60a3 26th St W # 139 6023 25TH ST W #139 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CHY-SI-ZIP CHY ST ZIP Bradenton Fe 34207 1004 THUE ☐ Delete ☐ Change Addition LUPSON, KEN NAME NAMI 6023 26TH ST W #139 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CHY-S1-7IP CHY SI 7IP MUE Delete Delete TITLE 🔲 Addittas NAME NAME STREET ADDRESS STREET ADDRESS CITY S1-ZIP CITY ST ZIP TITLE Delete IIII ☐ Channe ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY ST-ZIP THE ☐ Delete Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY SL-7IP шь Delete □ Change EHIF ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST-71P CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental people is true and accurate and that my significant same legal effect as if made under earl; that I am an officer or director of the corporation or the receiver or trueflee 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 attactiment with an address, with all lother like empowered.

SIGNATURE:

FILED