

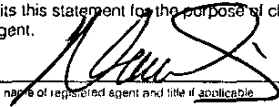
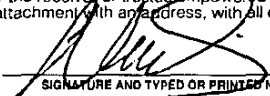


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90036 011 ***150.00

DOCUMENT # P03000110784					
1. Entity Name N.G.V. CARPENTRY, INC					
Principal Place of Business 14409 RENEE CT E 7 TAMPA, FL 33613			Mailing Address 14409 RENEE CT E 7 TAMPA, FL 33613		
2. Principal Place of Business 1507 Tilsen Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1507 Tilsen Dr. <small>Suite, Apt. #, etc.</small>			
City & State Tampa FL		City & State Tampa FL		03142005 Chg-P CR2E034 (10/03)	
Zip 33612		Country USA		4. FEI Number 20-0282597	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUTIERREZ, NICOLAS 14409 RENEE CT E 7 TAMPA, FL 33613			7. Name and Address of New Registered Agent Name: GUTIERREZ, NICOLAS Street Address (P.O. Box Number is Not Acceptable): 1507 Tilsen Dr. City: Tampa FL Zip Code: 33612		
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:  Nicolas Gutierrez 3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Pres. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, NICOLAS 14409 RENEE CT E 7 TAMPA, FL 33613		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	
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	
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	
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	
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 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 all other like empowered.					
SIGNATURE: 		Nicolas Gutierrez 3/15/05 (813) 477-4799 Pres.			